#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,081

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									
MOP024 MARIN COUNTY	FEE-FOR-SERVICE		ACED	AID CODE	1.0		01/17/03			
MARIN COUNTI	SUMMARI OF SERV	VICES FOR CASH GRANT -	AGED	AID CODE	MONTH	IIV AVERAC	F			
8,904 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER			
0,301 22101222	6,214 1,129 88 71 1	OR DAYS OF CARE	2111 2112 1 1 0 1 1 2 0	PER UNIT/DAY		USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	6,214	185,596 \$	3,088,435.35	\$ 16.64	20.844 \$	497.01	\$ 346.86			
@PHYSICIANS SERVICES	1,129	3,155 \$	54,423.43	\$ 17.25		48.20				
OUTPATIENT VISITS	88	111	4,167.31	37.54	.012	47.36	.47			
OFFICE VISITS	71	83	2,818.12	33.95	.009	39.69	.32			
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00			
EMERGENCY ROOM	15	16	1,012.17	63.26	.002	67.48	.11			
		0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00			
OTHER OUTPATIENT	10 7	11 15	302.72	27.52 40.54	.001	30.27	.03			
INPATIENT VISITS	4	15	608.06 388.16	40.54	.002	86.87 97.04	.07			
HOSPITAL VISITS CRITICAL CARE	0	Ō	.00	43.13	.001	.00	.00			
SNF/ICF/TRANS IP CARE	3	6	219.90	36 65	.001	73.30	.02			
OPHTHALMOLOGICAL SERVICES	5	6	278.67	46.45	.001	55.73	.03			
EXAMINATIONS	5	6	278.67	46.45 46.45	.001	55.73	.03			
SERVICES AND MATERIALS	0	6 6 6 0 13	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	4	13	2,697.31	207.49	.001	674.33	.30			
PRINCIPAL SURGEON	2	2	2,403.94	207.49 1201.97		1201.97	.27			
ASSISTANT SURGEON	0	0	.00	0.0	.000	.00	.00			
ANESTHESIOLOGIST	2	11	293.37	26.67	.001	146.69	.03			
OUTPATIENT SURGERY	12	15	3,327.26	221.82	.002	277.27	.37			
PRINCIPAL SURGEON	12 10 1 1 0 4 24	10	3,088.07	308.81	.001	308.81	.35			
ASSISTANT SURGEON	1	1 4 0 20 32 0 2 2,941 39,340 \$ 17,031	107.22	107.22	.000	107.22	.01			
ANESTHESIOLOGIST	1	4	131.97	32.99	.000	131.97	.01			
DIALYSIS	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	4	20	220.98 843.61	11.05 26.36	.002	55.25 35.15	.02 .09			
RADIOLOGY PSYCHIATRY	24	32	.00	.00	.004	.00	.00			
IMMUNIZATION AND INJECTION	1	2 2 2.941	13.10	6.55	.000	13.10	.00			
OTHER SERVICES/ALL X-OVERS	1 1,034	2 941	42,267.13	14.37	.330	40.88	4.75			
@PHARMACY	5,109	39,340 \$	1,214,840.78		4.418 \$					
DDECCDIDMION DDUCC	5,029	17,031	1,171,098.45	68.76	1.913	232.87	131.52			
SNF/ICF	203	1,110	66,685.73	60.08	.125	328.50	7.49			
OUTPATIENTS	4,842	15 <b>,</b> 921	1,104,412.72	69.37	1.788	228.09	124.04			
MEDICAL SUPPLIES	203 4,842 435 544 350 57 0	22,309	43,742.33	1.96	2.506	100.56	4.91			
@DENTIST	544	1,725 \$	85,597.25			157.35				
VISITS - DIAGNOSTIC	350	1,064	16,170.25	15.20	.119	46.20	1.82			
ORAL SURGERY	57	89	3,623.50	40.71	.010	63.57	.41			
DRUGS	0	0	.00	.00	.000	.00	.00			
ANESTHESIA	0	0	.00	.00	.000	.00	.00			
	22	22	3,470.00	157.73		157.73	.39			
ENDODONTICS	35 147	41 285	8,929.00	217.78 104.68	.005 .032	255.11 202.96	1.00 3.35			
RESTORATIVE DENTISTRY PROSTHETICS	2	2	29,835.00 60.00	30.00	.000	30.00	.01			
DENTURES, STAYPLATES	96	221	23,430.00	106.02	.025	244.06	2.63			
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00			
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00			
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00			
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00			
ALL OTHER SERVICES	2	1	79.50	79.50	.000	39.75	.01			

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,082

01/17/03

AID CODE 10

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

				MONTHLY AVERAGE							
8,904 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST				_	COST PER
.,		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	43 16	111	\$	2,523.51	\$	22.73	.012		58.69	Ś	.28
DIAGNOSTIC AND ANC. PROCED	16	18	·	742.60	·	41.26	.002	·	46.41		.08
EYE APPLIANCES	28	88		1,515.45		17.22	.010		54.12		.17
OTHER OPTOMETRIC SERVICES	28 7 1	5		265.46		53.09	.001		37.92		.03
@CHIROPRACTOR	1	3	\$	7.44	\$	2.48	.000	Ś	7.44	Ś	.00
VISITS	0	0	т	.00	τ	.00	.000	т	.00	Τ.	.00
OTHER SERVICES		3		7.44		2.48	.000		7.44		.00
@PODIATRIST	1 83 6	128	\$	1,180.51	\$	9.22	.014	Ś	14.22	Ś	.13
MEDICINE/INJECTIONS	6	9	т	231.40	τ	25.71	.001	т	38.57	Τ.	.03
a a		1		7.00		7.00	.000		7.00		.00
RADIO./PATHOLOGY	1 77 4 0	2		34.60		17.30	.000		34.60		.00
OTHER	77	116		907.51		7.82	.013		11.79		.10
@HOME HEALTH AGENCY	Δ	10	\$	621.24	\$	62.12	.001	Ġ	155.31	Ġ	.07
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER		16	\$		\$	7.68	.002		20.49	\$	.01
@TOTAL HOSPITAL	6 807 84 39	3,633	\$		\$		.408				33.92
HOSP INPATIENT TOTAL	007	512	۲	217,248.03		424.31	.058	۲	2586.29	۲	24.40
HCC HOCDITATIC	30	144		159,595.20		1108.30	.016		4092.18		17.92
NON-HSC HOSPITAL TOTAL	39	16		18,998.38		1187.40	.002		3166.40		2.13
ACCOMMODATIONS	6	16		6,488.21		405.51	.002		1081.37		.73
ACCOMMODATIONS ADMINISTRATIVE DAYS	3	11		1,979.97		180.00	.002		659.99		.73
TRANSITIONAL IP CARE	6 6 3 0 3	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	5		4,508.24		901.65	.001		1502.75		.51
ANCILLARIES	5	0		12,510.17		.00	.000		2085.03		1.41
INPATIENT CROSSOVERS	6 42	352		38,654.45		109.81	.040		920.34		4.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	744	3 <b>,</b> 121		84 <b>,</b> 756.78		27.16	.351		113.92		9.52
MEDICAL	47	78		3,675.06		47.12	.009		78.19		.41
	7	11		685.09		62.28	.009		97.87		.08
SURGERY	28	128				11.45	.014		52.34		
PATHOLOGY	28 25	31		1,465.52 2,064.37		66.59	.014		82.57		.16 .23
RADIOLOGY	23 47	81		3,500.83		43.22	.003		74.49		.23
ROOM USE CROSSOVERS/ALL OTH OUTPINT	670			•		26.28	.314		109.50		8.24
	670	2,792 13	Ċ	73,365.91	<b>~</b>			ċ		<u>_</u>	
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	4	5	\$	2,448.05 2,220.99	Ş	188.31 444.20	.001	Þ	612.01 2220.99	Ş	.27 .25
HSC HOSPITALS	1	5		2,220.99		444.20	.001		2220.99		.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0							.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	0		227.06		28.38	.000		75.69		.00
MEDICAL	2	2		85.73		42.87	.000		42.87		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		22.34		11.17	.000		22.34		.00
TATHOHOGI	1	2		22.34		⊥⊥•⊥/	.000		22.54		.00

RADIOLOGY 2 2 49.91 24.96 .000 24.96 .01
ROOM USE 2 69.08 34.54 .000 34.54 .01
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,083
MOP024 FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - A SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 ----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6.084 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL

			MONTHLY AVERAGE						
8,904 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	1,291	130,636 \$	521,506.06	\$ 3.99	14.672 \$	403.96	\$ 58.57		
DURABLE MED. EQUIP.	33	48	3,971.02	82.73	.005	120.33	.45		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	68	95	13,557.34	142.71	.011	199.37	1.52		
MEDICAL TRANSPORTATION	121	1,110	9,876.90	8.90	.125	81.63	1.11		
AMBULANCES/AIR TRANS	10	68	1,414.57	20.80	.008	141.46	.16		
OTHER TRANS	11	140	456.72	3.26	.016	41.52	.05		
OTHER SERVICES	102	902	8,005.61	8.88	.101	78.49	.90		
ACUPUNCTURE	41	142	2,541.09	17.90	.016	61.98	.29		
ADULT DAY HEALTH CARE CTR	208	2,581	172,323.89	66.77	.290	828.48	19.35		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	511	2,455	183,765.08	74.85	.276	359.62	20.64		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	182	540	7,355.46	13.62	.061	40.41	.83		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	4	9	133.89	14.88	.001	33.47	.02		
PROSTHETIST/ORTHOTISTS	20	44	1,913.48	43.49	.005	95.67	.21		
PROSTHETICS	14	32	1,141.74	35.68	.004	81.55	.13		
ORTHOTICS	7	12	771.74	64.31	.001	110.25	.09		
PSYCHOLOGIST	4	6	104.69	17.45	.001	26.17	.01		
SPEECH AND AUDIOLOGY	9	23	915.01	39.78	.003	101.67	.10		
HOSPICE SERVICES	23	796	97,232.86	122.15	.089	4227.52	10.92		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	348	122,787	27,815.35	.23	13.790	79.93	3.12		
@CALIF. CHILDREN SERVICES*	0	2CR \$	45.58CR	•	.000 \$		•		
@XOVER EXCLUDING STATE HOSP**	1,861	23,317 \$	•	\$ 10.41	2.619 \$	130.40	\$ 27.25		

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,085 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND				AID CODE 20						
						MC	NTHLY AVERA	GE	-		
928 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	R		
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	E		
@TOTAL, ALL PROVIDERS	608	41,844	\$	715,103.16	\$ 17.09	45.091	\$ 1176.16	\$ 770.59	9		
@PHYSICIANS SERVICES	143	662	\$	22,645.19	\$ 34.21	.713	\$ 158.36	\$ 24.40	0		
OUTPATIENT VISITS	44	59		2,230.17	37.80	.064	50.69	2.40	O		
OFFICE VISITS	24	30		897.22	29.91	.032	37.38	. 97	7		
HOME VISITS	5	6		186.70	31.12	.006	37.34	.20	O		
EMERGENCY ROOM	18	20		1,080.58	54.03	.022	60.03	1.16	6		
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	O		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	J		
OTHER OUTPATIENT	3	3		65.67	21.89	.003	21.89	.07	7		
INPATIENT VISITS	18	153		7,242.07	47.33	.165	402.34	7.80	0		
HOSPITAL VISITS	14	127		5,354.57	42.16	.137	382.47	5.77	7		
CRITICAL CARE	4	13		1,392.70	107.13	.014	348.18	1.50	0		

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	7	13	494.80	38.06	.014	70.69	.53
OPHTHALMOLOGICAL SERVICES	8	10	416.14	41.61	.011	52.02	.45
EXAMINATIONS	8	10	416.14	41.61	.011	52.02	.45
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	25	1,832.39	73.30	.027	305.40	1.97
PRINCIPAL SURGEON	5	10	1,432.74	143.27	.011	286.55	1.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	15	399.65	26.64	.016	399.65	.43
OUTPATIENT SURGERY	3	7	597.88	85.41	.008	199.29	.64
PRINCIPAL SURGEON	2	4	492.52	123.13	.004	246.26	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.003	105.36	.11
DIALYSIS	8	70	4,269.72	61.00	.075	533.72	4.60
PATHOLOGY	5	41	370.23	9.03	.044	74.05	.40
RADIOLOGY	18	66	1,593.14	24.14	.071	88.51	1.72
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	130.00	130.00	.001	130.00	.14
OTHER SERVICES/ALL X-OVERS	90	230	3,963.45	17.23	.248	44.04	4.27
@ PHARMACY	515	11,862	\$ 190,365.92	\$ 16.05	12.782	\$ 369.64	\$ 205.14
PRESCRIPTION DRUGS	486	2,045	172,637.83	84.42	2.204	355.22	186.03
SNF/ICF	30	248	20,066.09	80.91	.267	668.87	21.62
OUTPATIENTS	459	1,797	152,571.74	84.90	1.936	332.40	164.41
MEDICAL SUPPLIES	105	9,817	17,728.09	1.81	10.579	168.84	19.10
@DENTIST	57	167	\$ 7,185.50	\$ 43.03	.180	\$ 126.06	\$ 7.74
VISITS - DIAGNOSTIC	40	110	2,058.50	18.71	.119	51.46	2.22
ORAL SURGERY	6	9	308.00	34.22	.010	51.33	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	800.00	200.00	.004	266.67	.86
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	18	43	3,879.00	90.21	.046	215.50	4.18
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	1	140.00	140.00	.001	140.00	.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	I FOR JAN	2002 THRU	DEC 2002	PAGE 6,086
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	Γ - BLIND	AID CODE	E 20		

MARIN COUNTY	SUMMARY OF SERV	ICES FOR	CASH G	RANT -	- BLIND		AID CODE	20				
								M	INC	THLY AVERA	GΕ	
928 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14		32	\$	1,986.32	\$	62.07	.034	\$	141.88	\$	2.14
DIAGNOSTIC AND ANC. PROCED	6		6		365.23		60.87	.006		60.87		.39
EYE APPLIANCES	8		20		1,406.88		70.34	.022		175.86		1.52
OTHER OPTOMETRIC SERVICES	5		6		214.21		35.70	.006		42.84		.23
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	8		8	\$	76.07	\$	9.51	.009	\$	9.51	\$	.08
MEDICINE/INJECTIONS	2		2		61.20		30.60	.002		30.60		.07
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	6		6		14.87		2.48	.006		2.48		.02
@HOME HEALTH AGENCY	11	-	1,704	\$	•	\$	29.57	1.836		4580.76		54.30
NURSE ANESTHESIST	0		0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	\$	.00	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	106		607	\$		\$		.654	\$	1310.63	\$	149.71
HOSP INPATIENT TOTAL	19		175		130,607.53		746.33	.189		6874.08		140.74
HSC HOSPITALS	8		91		102,723.00		1128.82	.098		12840.38		110.69
NON-HSC HOSPITAL TOTAL	4		8		17,853.72		2231.72	.009		4463.43		19.24
ACCOMMODATIONS	4		8		7,764.35		970.54	.009		1941.09		8.37
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4		8		7,764.35		970.54	.009		1941.09		8.37
ANCILLARIES	4		0		10,089.37		.00	.000		2522.34		10.87
INPATIENT CROSSOVERS	/		76		10,030.81		131.98	.082		1432.97		10.81
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	91		432		8,319.05		19.26	.466		91.42		8.96
MEDICAL	20 3		36 3		1,143.50		31.76	.039		57.18		1.23
SURGERY	18		134		133.16		44.39	.003		44.39		.14 1.61
PATHOLOGY	13		134		1,492.17 1,650.03		11.14 91.67	.144 .019		82.90 126.93		1.78
RADIOLOGY	22											1.63
ROOM USE CROSSOVERS/ALL OTH OUTPTNT			35 206		1,513.28 2,386.91		43.24 11.59	.038 .222		68.79 34.59		2.57
@COUNTY HOSPITAL TOTAL	0		200	\$	2,300.91	\$	.00	.000	ċ	.00	ċ	.00
CO HOSPITAL INPATIENT TOTAL	· · · · · · · · · · · · · · · · · · ·		0	Ą	.00	Ą	.00	.000	Ą	.00	ې	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
VICTITIVITO	Ü		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 20	02 THRU DEC	2002	PAGE 6,087
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE 2	0		
				-	MONT	HLY AVERAG	E

1111(11) 0001(11	5011111111 01 52111	1020 1010 011011 01		22112		1112 0022	M	∩ит	HIV AVERA	CF .	
928 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	2/17/1	ERAGE COST			COST PER	_	COST PER
920 EDIGIDEES	OSERS	OR DAYS OF CARE		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	607	\$	138,926.58	\$	228.87			1310.63		149.71
COMM HOSP INPATIENT TOTAL	19	175	Y	130,607.53	Y	746.33	.189	Y	6874.08	Y	140.74
HSC HOSPITALS	8	91		102,723.00		1128.82	.098		12840.38		110.69
NON-HSC HOSPITALS TOTAL	4	8		17,853.72		2231.72	.009		4463.43		19.24
	4	0		7,764.35		970.54	.009				8.37
ACCOMMODATIONS	4	0		•					1941.09		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Û	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	8		7,764.35		970.54	.009		1941.09		8.37
ANCILLARIES	4	0		10,089.37		.00	.000		2522.34		10.87
INPATIENT CROSSOVERS	7	76		10,030.81		131.98	.082		1432.97		10.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	91	432		8,319.05		19.26	.466		91.42		8.96
MEDICAL	20	36		1,143.50		31.76	.039		57.18		1.23
SURGERY	3	3		133.16		44.39	.003		44.39		.14
PATHOLOGY	18	134		1,492.17		11.14	.144		82.90		1.61
RADIOLOGY	13	18		1,650.03		91.67	.019		126.93		1.78
ROOM USE	22	35		1,513.28		43.24	.038		68.79		1.63
CROSSOVERS/ALL OTH OUTPTNT	69	206		2,386.91		11.59	.222		34.59		2.57
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	22	746	\$	99,581.42	\$	133.49	.804	\$	4526.43	\$	107.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	746		99,581.42		133.49	.804		4526.43		107.31
@INTERMEDIATE CARE FACILDD	12	385	\$		Ś	149.17		Ś	4785.87	Ś	61.89
ICF DDH	12	385	т	57,430.45	τ	149.17	.415	т	4785.87	Τ.	61.89
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15	665	\$	16,045.33	\$	24.13	.717	Ċ	1069.69	Ċ	17.29
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	15	665		16,045.33		24.13	.717		1069.69		17.29
@REHABILITATION FACILITY	3	4	Ś	84.76	\$	24.13	.004	ċ	28.25	ċ	.09
HOSPITAL BASED	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
	3	•									
INDEPENDENT FACILITY	28	4	÷	84.76	Ċ	21.19	.004	ċ	28.25	ċ	.09
@LABORATORY FACILITY	∠8 28	282	\$		\$	14.32	.304	Þ	144.19	Ş	4.35
PATHOLOGY	∠8 0	282		4,037.28		14.32	.304		144.19		4.35
XO AND OTHERS	U	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	40	71 \$	2,586.97	\$ 36.44	.077 \$	64.67	\$ 2.79
CLINIC	15	33	827.65	25.08	.036	55.18	.89
SURGICENTER	1	1	183.35	183.35	.001	183.35	.20
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	24	37	1,575.97	42.59	.040	65.67	1.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT F	REPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,088
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES F	OR CASH GRANT	- BLIND	AID CODE	20		
					MON'	THLY AVERAC	E
928 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
ONLY ORGED DROUTEDEDS	1.00	24 640 6	100 700 05	ć	06 561 6	600 00	A 100 07

928 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	182	24,649	\$	123,763.05	\$ 5.02	26.561	\$ 680.02	\$ 133.37
DURABLE MED. EQUIP.	6	25		6,731.54	269.26	.027	1121.92	7.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	9		1,062.57	118.06	.010	212.51	1.15
MEDICAL TRANSPORTATION	30	3,044		11,327.83	3.72	3.280	377.59	12.21
AMBULANCES/AIR TRANS	10	108		2,068.50	19.15	.116	206.85	2.23
OTHER TRANS	14	2 <b>,</b> 882		8,803.59	3.05	3.106	628.83	9.49
OTHER SERVICES	8	54		455.74	8.44	.058	56.97	.49
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	82		5,481.34	66.85	.088	548.13	5.91
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	63	1,900		67,165.25	35.35	2.047	1066.12	72.38
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	10	43		674.77	15.69	.046	67.48	.73
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		52.54	26.27	.002	52.54	.06
PROSTHETICS	1	2		52.54	26.27	.002	52.54	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	98		3,654.42	37.29	.106	135.35	3.94
HOSPICE SERVICES	2	26		2,723.76	104.76	.028	1361.88	2.94
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,853		18,362.28	9.91	1.997	918.11	19.79
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	17 <b>,</b> 567		6 <b>,</b> 526.75	.37	18.930	135.97	7.03
@CALIF. CHILDREN SERVICES*	15	117	\$	18,938.70	\$ 161.87	.126	\$ 1262.58	\$ 20.41
@XOVER EXCLUDING STATE HOSP**	163	1,075	\$	22,765.09	\$ 21.18	1.158	\$ 139.66	\$ 24.53

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,089
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

----- MONTHLY AVERAGE -----31,571 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @TOTAL, ALL PROVIDERS 23,342 825,039 21,326,675.33 25.85 26.133 \$ 913.66 \$ 675.51 6,170 720,495.81 39.11 .584 \$ 116.77 \$ 22.82 @PHYSICIANS SERVICES 18,424 180,204.82 39.45 .145 56.78 5.71 OUTPATIENT VISITS 3,174 4,568 OFFICE VISITS 2,038 2,844 92,991.46 32.70 .090 45.63 2.95 HOME VISITS 89 102 3,892.85 38.17 .003 43.74 .12 EMERGENCY ROOM 1,169 1,453 77,571.62 53.39 .046 66.36 2.46

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00	.00	.000	.00	.0	
OB VISITS/COMPRE PERI	1	1	60		60.48	.000	60.48	.0	
OTHER OUTPATIENT	146	168	5,688		33.86	.005	38.96	.1	
INPATIENT VISITS	657	2,389	117,774		49.30	.076	179.26	3.7	
HOSPITAL VISITS	456	1,919	87,263		45.47	.061	191.37	2.7	
CRITICAL CARE	44	175	20,544		117.40	.006	466.93	. 6	
SNF/ICF/TRANS IP CARE	218	295	9,966	.56	33.78	.009	45.72	.3	
OPHTHALMOLOGICAL SERVICES	156	185	8,014	.23	43.32	.006	51.37	.2	.5
EXAMINATIONS	156	185	8,014	.23	43.32	.006	51.37	.2	.5
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.0	0
INPATIENT HOSPITAL SURGERY	181	1,151	83,846	. 34	72.85	.036	463.24	2.6	6
PRINCIPAL SURGEON	126	209	60,912	.56	291.45	.007	483.43	1.9	13
ASSISTANT SURGEON	7	7	783	.26	111.89	.000	111.89	.0	2
ANESTHESIOLOGIST	66	935	22,150	.52	23.69	.030	335.61	.7	0
OUTPATIENT SURGERY	443	1,182	72,411	.41	61.26	.037	163.46	2.2	.9
PRINCIPAL SURGEON	362	451	57,183	.12	126.79	.014	157.96	1.8	1
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.0	0
ANESTHESIOLOGIST	95	731	15,228	.29	20.83	.023	160.30	. 4	. 8
DIALYSIS	14	92	4,942	.20	53.72	.003	353.01	.1	. 6
PATHOLOGY	376	968	10,741	. 65	11.10	.031	28.57	.3	4
RADIOLOGY	1,229	2,212	91,555	. 64	41.39	.070	74.50	2.9	0
PSYCHIATRY	14	27	756	. 60	28.02	.001	54.04	.0	2
IMMUNIZATION AND INJECTION	105	278	37,994	. 82	136.67	.009	361.86	1.2	0
OTHER SERVICES/ALL X-OVERS	2,317	5,372	112,253		20.90	.170	48.45	3.5	6
@PHARMACY	19,322	140,370 \$				4.446			
PRESCRIPTION DRUGS	19,056	80,638	9,131,233	. 55	113.24	2.554	479.18	289.2	.3
SNF/ICF	833	5,447	552,114	. 87	101.36	.173	662.80	17.4	
OUTPATIENTS	18,350	75,191	8,579,118	. 68	114.10	2.382	467.53	271.7	4
MEDICAL SUPPLIES	1,376	59 <b>,</b> 732	3,052,231	.01	51.10	1.892	2218.19	96.6	8
@DENTIST	2,505	8,539 \$			\$ 44.65		\$ 152.19	\$ 12.0	8
VISITS - DIAGNOSTIC	1,794	5,399	94,628		17.53	.171	52.75	3.0	0
ORAL SURGERY	247	565	27,592	.54	48.84	.018	111.71	.8	7
DRUGS	11	15		.75	6.25	.000	8.52	.0	0
ANESTHESIA	5	5	500	.00	100.00	.000	100.00	.0	2
PERIODONTICS	153	235	39,181	.25	166.73	.007	256.09	1.2	
ENDODONTICS	101	125	24,388		195.11	.004	241.47	.7	7
RESTORATIVE DENTISTRY	780	1,734	144,404		83.28	.055	185.13	4.5	7
PROSTHETICS	42	53	2,440		46.04	.002	58.10	.0	8
DENTURES, STAYPLATES	155	362	46,538		128.56	.011	300.25	1.4	
SPACE MAINTAINERS	1	1	200		200.00	.000	200.00	.0	1
MAXILLOFACIAL SERVICES	2	2	50	.00	25.00	.000	25.00	.0	0
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.0	
ORTHODONTIC SERVICES	7	8	1,135		141.88	.000	162.14	.0	
ALL OTHER SERVICES	20	35	75		2.14	.001	3.75	.0	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES						PAGE 6,	
MOP024	FEE-FOR-SERVICE							01/17	
MARIN COUNTY		ICES FOR CASH GRAN	T - DISABLED		AID CODE	60		, - :	,
							NTHLY AVERA	GE	-
31,571 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	RES A	AVERAGE COST			COST PE	
, ,		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBL	
@OPTOMETRIST	288	723 \$	19,383		\$ 26.81	.023			
DIAGNOSTIC AND ANC. PROCED	198	203	9,362		46.12	.006	47.29	.3	
EYE APPLIANCES	150	496	8,523		17.19	.016	56.83	. 2	
OTHER OPTOMETRIC SERVICES	20	24	1,496		62.36	.001	74.83	.0	
@CHIROPRACTOR	14	24 \$	•	.90		.001			
VISITS	13	23	384		16.72	.001	29.58	.0	
	<del></del>	<del>-</del> <del>-</del>	301		· <del>-</del>				

OTHER SERVICES	1	1	3.34	3.34	.000	3.34	.00
@PODIATRIST	323	449	\$ 11,666.78	\$ 25.98	.014	\$ 36.12	\$ .37
MEDICINE/INJECTIONS	210	243	6,125.65	25.21	.008	29.17	.19
SURGERY/ANES.	24	27	1,080.99	40.04	.001	45.04	.03
RADIO./PATHOLOGY	3	5	86.50	17.30	.000	28.83	.00
OTHER	121	174	4,373.64	25.14	.006	36.15	.14
@HOME HEALTH AGENCY	123	3,326	\$ 93,258.45	\$ 28.04	.105	\$ 758.20	\$ 2.95
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	2	15	\$ 126.15	\$ 8.41	.000	\$ 63.08	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	7	24	\$ 207.07	\$ 8.63	.001	\$ 29.58	\$ .01
@TOTAL HOSPITAL	4,027	22 <b>,</b> 775	\$ 3,199,220.89	\$ 140.47	.721	\$ 794.44	\$ 101.33
HOSP INPATIENT TOTAL	404	3,098	2,583,321.84	833.87	.098	6394.36	81.83
HSC HOSPITALS	244	1,541	2,105,682.63	1366.44	.049	8629.85	66.70
NON-HSC HOSPITAL TOTAL	50	234	324,398.37	1386.32	.007	6487.97	10.28
ACCOMMODATIONS	49	234	106,161.23	453.68	.007	2166.56	3.36
ADMINISTRATIVE DAYS	26	138	29 <b>,</b> 682.67	215.09	.004	1141.64	.94
TRANSITIONAL IP CARE	0	0	100.28	.00	.000	.00	.00
ALL OTHER ACCOM	24	96	76,378.28	795.61	.003	3182.43	2.42
ANCILLARIES	50	0	218,237.14	.00	.000	4364.74	6.91
INPATIENT CROSSOVERS	131	1,323	153,240.84	115.83	.042	1169.78	4.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3 <b>,</b> 772	19,677	615,899.05	31.30	.623	163.28	19.51
MEDICAL	1,235	2,175	77,405.84	35.59	.069	62.68	2.45
SURGERY	276	344	29,505.21	85.77	.011	106.90	.93
PATHOLOGY	1,061	5 <b>,</b> 866	68,353.80	11.65	.186	64.42	2.17
RADIOLOGY	842	1,224	106,717.93	87.19	.039	126.74	3.38
ROOM USE	1,391	2,096	97,615.89	46.57	.066	70.18	3.09
CROSSOVERS/ALL OTH OUTPTNT	2,002	7 <b>,</b> 972	236,300.38	29.64	.253	118.03	7.48
@COUNTY HOSPITAL TOTAL	74	358	\$ 41,088.80	\$ 114.77	.011	\$ 555.25	\$ 1.30
CO HOSPITAL INPATIENT TOTAL	6	102	32,652.82	320.13	.003	5442.14	1.03
HSC HOSPITALS	3	20	24,270.00	1213.50	.001	8090.00	.77

NON-HSC HOSPITALS TOTAL	1	15		5,966.82	397.79	.000	5966.82		.19
ACCOMMODATIONS	1	15		3,775.38	251.69	.000	3775.38		.12
ADMINISTRATIVE DAYS	1				248.36	.000	3725.44		.12
TRANSITIONAL IP CARE	0	0		49.94	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		2,191.44	.00	.000	2191.44		.07
INPATIENT CROSSOVERS	3	67		2,416.00	36.06		805.33		.08
ALL OBUIDD THEATTH	0	0		.00			.00		.00
CO HOSP OUTPATIENT TOTAL	69	15 0 0 0 67 0 256 31		8,435.98	.00 32.95 33.27 22.20 16.02 104.32 43.75	.008	122 26		.27
MEDICAL	25	31		1,031.26	33.27	.001	122.26 41.25		.03
SURGERY	25 6 24 16	31 8 91		177.57	22 20	.000	29 60		.01
PATHOLOGY	24	91		1,457.89	16 02	.003	29.60 60.75		.05
RADIOLOGY	16	25		2,608.10	10.02	.001	163.01		.08
ROOM USE	47	55		2,406.15	43 75	.002	51.19		.08
CROSSOVERS/ALL OTH OUTPTNT	= :	46		755.01	16.41	.001	32.83		.02
#CALIF DEPT OF HEALTH SERV			IIRES N					D7	AGE 6,091
MOP024	FEE-FOR-SERVICE		OINED I	TONIII OF TATRENT IN	BIONI FON OAN 2	LOOZ IIIKO DI	10 2002	1.2	01/17/03
MARIN COUNTY		•	GRANT	- DISABLED	AID CODE	60			01/17/03
	DOIMMING OF DELICE	1010 1010 011011	Orumii	510115155	1110 0000	MON	ITHLY AVERA	GE -	
31,571 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST			-	COST PER
31,371 111011110	3,963 398 241 49 48 25 0 24 49 128 0 3,713 1,212 270	OR DAYS OF CA	RE.		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3.963	22.417	Ś	3,158,132.09	ć 140 00	710	796.90		
COMM HOSP INPATIENT TOTAL	398	2 996	т	2 550 669 02	851 36	.095	6408.72	т	80.79
HSC HOSPITALS	241	1 521		2 081 412 63	1368 45	.048	8636.57		65.93
NON-HSC HOSPITALS TOTAL	Δ41 ΔQ	219		3,158,132.09 2,550,669.02 2,081,412.63 318,431.55 102,385.85 25,957.23 50.34	1454 03	.007	6498.60		10.09
ACCOMMODATIONS	4.8	219		102 385 85	467 52	.007	2133.04		3.24
ADMINISTRATIVE DAYS	25	123		25 957 23	211 03	.004	1038.29		.82
TRANSITIONAL IP CARE	0	123		50 34	00	.000	.00		.00
ALL OTHER ACCOM	2.4	96		76,378.28 216,045.70 150,824.84	705 61	.003	3182.43		2.42
ANCILLARIES	10	0		216 045 70	755.01		4409.10		6.84
INPATIENT CROSSOVERS	128	1 256		150 824 84	120 08	.040	1178.32		4.78
ALL OTHER INPATIENT	120	1,250		130,024.04	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL MEDICAL	3 713	19 421		607 463 07	31 28	615	163 60		19.24
MEDICAL	1 212	2 1//		607,463.07 76,374.58	35.62	.013	63.00		2.42
SURGERY	270	2,144		29,327.64	87 28	011	108 62		.93
PATHOLOGY	1,037	5 <b>,</b> 775		66,895.91	31.28 35.62 87.28 11.58	183	163.60 63.02 108.62 64.51		2.12
RADIOLOGY	828	1 100		104,109.83	86 83	.038	125.74		3.30
ROOM USE	1,348	1,199 2,041		95,209.74	86.83 46.65	.065	70.63		3.02
CROSSOVERS/ALL OTH OUTPINT	1,340	7,926		235,545.37	29.72	.251	118.90		7.46
@STATE HOSPITAL	^	40	\$	21,899.20			10949.60	Ċ	.69
MENTALLY ILL	2	0	Ą	.00	.00	.000	.00	Ą	.00
DEVELOP. DISABLED	0	•		21,899.20	547.48		10949.60		.69
@NURSING FACILITY	252	40 11,143	\$	1,462,336.67			4154.37	ċ	46.32
LEV A-INTERMEDIATE	2 0 2 352 0	11,143	Ą	1,462,336.67	.00	.000	.00	ٻ	.00
	0 90	· ·		434,068.32	120.04	.115			.00 13.75
LEV B-REHAB MD		3,616 0		•	.00	.000	4022.98		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	7 507		.00	.00	.000	.00		.00

1,028,268.35

1,141,865.34 1,141,865.34

102,640.51

102,640.51

.00

.00

.00

136.61

148.89

148.89

.00

.00

.00

91.97

91.97

.238

.243

.243

.000

.000

.000

.035

.035 \$

3909.77

\$ 4964.63 \$

4964.63

.00

.00

933.10 \$

.00

933.10

32.57

36.17

36.17

.00

.00

3.25

.00

3.25

7,527

7,669

7,669

1,116

1,116

0

0

0

263

230

230

110

110

0

0

0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	76	684	\$	11,121.72	\$	16.26	.022	\$	146.34	\$	.35
HOSPITAL BASED	11	39		1,063.35		27.27	.001		96.67		.03
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	65	645		10,058.37		15.59	.020		154.74		.32
@LABORATORY FACILITY	2,254	13,320	\$	147,784.10	\$	11.09 10.88 61.42 77.68	.422			\$	4.68
PATHOLOGY	2,223	13,264		144,344.85		10.88	.420	·	64.93	·	4.57
XO AND OTHERS	50	56		3,439.25		61.42	.002		68.79		.11
@ORGANIZED OUTPATIENT CLINIC		5,913	\$	459,312.06	Ś	77.68	. 187	Ś	140.94	Ś	14.55
CLINIC	619	1,399	-	33,544.26	7	23 98	.044	т.	54.19	7	1.06
SURGICENTER	10	20		1,683.90		23.98 84.20	.001		168.39		.05
HEROIN DETOX CLINIC	23	392		4,554.90		11.62	.012		198.04		.14
RURAL HEALTH CLINIC	2,710	4,102		419,529.00		102.27	.130		154.81		13.29
#CALIF DEPT OF HEALTH SERV			IIRES							D.	AGE 6,092
MOP024	FEE-FOR-SERVICE		UKES .	MONIII OF FAIMENT N	LE OI	I FOR UAN 2	2002 11110		2002	I 2	01/17/03
MARIN COUNTY			CDANT	- DISABLED		AID CODE	60				01/1//03
MAKIN COONII	SOPPART OF SERV	TCES FOR CASH (	GIVANI	DISABLED		AID CODE	M	صلات	עודע אווים א	CF.	
31,571 ELIGIBLES	USERS	UNITS OF SERVI	C E	EXPENDITURES	7/ 7 7	TDACE COCE					COST PER
31,3/1 511616163	USEKS	UNIIS OF SERVI	CE	EXPENDITURES	AVI				USER		
ANTI OMUED DDOMIDEDC	4 021	OR DAIS OF CAL	KE \$	1,370,277.41 213,315.97	PE.	R UNIT/DAY 2.32	10 700				ELIGIBLE 43.40
GALL OTHER PROVIDERS	4,031	390,483	Ą	1,3/0,2//.41	Ą	2.32	18.703	Þ		Ą	
DURABLE MED. EQUIP.	303	1,43/				148.45	.046		704.01		6.76
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	75	147		14,486.85		98.55	.005		193.16		.46
MEDICAL TRANSPORTATION	669	15,249		127,096.38		8.33	.483		189.98		4.03
AMBULANCES/AIR TRANS	416	5,947		85,288.47		14.34	.188		193.16 189.98 205.02 282.70		2.70
OTHER TRANS	54	6,030		15 <b>,</b> 265.74		2.53	.191		282.70		.48
OTHER SERVICES	215	3 <b>,</b> 272		26,542.17		8.11	.104		123.45		.84
ACUPUNCTURE	107	302		5,302.43		2.32 148.45 .00 98.55 8.33 14.34 2.53 8.11 17.56 66.49	.010		49.56 652.23		.17
ADULT DAY HEALTH CARE CTR	289	2,835		188,493.23		66.49	.090		652.23		5.97
GENETIC DISEASE TESTING	2	2				55.00 40.12	.000		55.00 910.93		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	304	6,903		276,923.02		40.12	.219		910.93		8.77
OCCUPATIONAL THERAPIST	0	0				0.0	.000		.00		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	529	1,554		.00 19,457.48 780.51		12.52	.049		36.78		.62
PHYSICAL THERAPIST	6	46		780.51		16.97 20.37	.001		130.09		.02
PORTABLE X-RAY	16	38		774 02		20.37	.001		48.38		.02
PROSTHETIST/ORTHOTISTS	83	233		30,484.81 29,057.53		130.84 137.06	.007		367.29		.97
PROSTHETICS	73	212		29,057.53		137.06	.007		398.05		.92
ORTHOTICS	10	21		1,427.28		67.97 28.14	.001		142.73		.05
PSYCHOLOGIST	6	7		197.01		28.14	.000		32.84		.01
SPEECH AND AUDIOLOGY	772	3,253		128,355.44 142,091.20		39.46	.103		166.26		4.07
HOSPICE SERVICES	33	1,131		142,091.20		39.46 125.63	.036		4305.79		4.50
NONINST BIRTHING CENTERS	0	. 0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	345	12,204		89,054.53		7.30	.387		258.13		2.82
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	947	545,144		133,354.53			17.267		140.82		4.22
@CALIF. CHILDREN SERVICES*		4,772	\$	2,007,522.02	Ġ	420 69	151	¢	6946.44	Ś	63.59
@XOVER EXCLUDING STATE HOSP**		28,220	\$				.894		161.77		15.81
@* TOTALS IN THESE LINES ARE	•				4	± / • U J	• 0 2 4	4	101.77	7	10.01
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV				· MONTH-OF-PAYMENT R	FDOD	י דותד קרק יו	יוסטיי פחחכ	DEC	2002	D.	VCE 6 UO3
"CTTTT DELT OF HEWHILL DEVA	THE CHI STILL	YOU TAND DAYLDINDII	01/11/1	TOWALL OF THIRDING IN		L LON OAN 2	2002 1111(0 .	ب تدب	2002	T. Z	.101 0,093

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,093
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

20,137 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	8,894	55 <b>,</b> 608	\$	2,295,116.56	\$	41.27	2.761		258.05	\$	113.98
@PHYSICIANS SERVICES	2 <b>,</b> 982	6 <b>,</b> 234	\$	265,021.81	\$	42.51	.310	\$	88.87	\$	13.16
OUTPATIENT VISITS	2,302	2 <b>,</b> 960		107,922.93		36.46	.147		46.88		5.36
OFFICE VISITS	1,408	1,775		56,010.19		31.56	.088		39.78		2.78
HOME VISITS	5	7		349.54		49.93	.000		69.91		.02
EMERGENCY ROOM	976	1,099		47,763.69		43.46	.055		48.94		2.37
PREVENTIVE CARE	9	, 9		423.49		47.05	.000		47.05		.02
OB VISITS/COMPRE PERI	17	26		2,291.31		88.13	.001		134.78		.11
OTHER OUTPATIENT	38	44		1,084.71		24.65	.002		28.55		.05
INPATIENT VISITS	86	307		21,944.97		71.48	.015		255.17		1.09
HOSPITAL VISITS	81	255		12,997.92		50.97	.013		160.47		.65
CRITICAL CARE	11	52		8,947.05		172.06	.013		813.37		.44
	0	0		•		.00					.00
SNF/ICF/TRANS IP CARE	77	87		.00			.000		.00		
OPHTHALMOLOGICAL SERVICES	77			3,787.80		43.54	.004		49.19		.19
EXAMINATIONS	• •	87		3,787.80		43.54	.004		49.19		.19
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	107	600		59,658.41		99.43	.030		557.56		2.96
PRINCIPAL SURGEON	76	88		47,302.93		537.53	.004		622.41		2.35
ASSISTANT SURGEON	12	12		1,882.83		156.90	.001		156.90		.09
ANESTHESIOLOGIST	40	500		10,472.65		20.95	.025		261.82		.52
OUTPATIENT SURGERY	206	391		24,249.13		62.02	.019		117.71		1.20
PRINCIPAL SURGEON	185	223		20,043.87		89.88	.011		108.35		1.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	33	168		4,205.26		25.03	.008		127.43		.21
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	203	343		3,284.75		9.58	.017		16.18		.16
RADIOLOGY	582	778		26,575.04		34.16	.039		45.66		1.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	43	71		1,482.78		20.88	.004		34.48		.07
OTHER SERVICES/ALL X-OVERS	294	697		16,116.00		23.12	.035		54.82		.80
@PHARMACY	3,923	9,182	\$	484,630.37	\$	52.78	.456	\$	123.54	\$	24.07
PRESCRIPTION DRUGS	3,895	8 <b>,</b> 730	·	479,468.96	·	54.92	.434		123.10		23.81
SNF/ICF	34	52		36,403.08		700.06	.003		1070.68		1.81
OUTPATIENTS	3,875	8,678		443,065.88		51.06	.431		114.34		22.00
MEDICAL SUPPLIES	79	452		5,161.41		11.42	.022		65.33		.26
@DENTIST	1,337	4,914	Ś	153,466.68	\$	31.23		\$	114.78	Ś	7.62
VISITS - DIAGNOSTIC	1,016	3,441	Ψ.	58,803.93	Ψ.	17.09	.171	Τ.	57.88	т	2.92
ORAL SURGERY	144	216		11,856.00		54.89	.011		82.33		.59
DRUGS	28	33		788.00		23.88	.002		28.14		.04
ANESTHESIA	7	7		600.00		85.71	.000		85.71		.03
PERIODONTICS	22	22		3,375.00		153.41	.001		153.41		.17
ENDODONTICS	70	101		15,175.00		150.25	.001		216.79		.75
RESTORATIVE DENTISTRY	394	990		56,492.75		57.06	.049		143.38		2.81
	4	4		•		35.00			35.00		.01
PROSTHETICS	<del>-</del>	-		140.00			.000				
DENTURES, STAYPLATES	12	43		1,866.00		43.40	.002		155.50		.09
SPACE MAINTAINERS	2	2		120.00		60.00	.000		60.00		.01
MAXILLOFACIAL SERVICES	5	6		350.00		58.33	.000		70.00		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	37	44		3,900.00		88.64	.002		105.41		.19
ALL OTHER SERVICES	5	5		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		JRES I	MONTH-OF-PAYMENT R	EPOR:	I FOR JAN	2002 THRU	DEC	2002	Ρž	AGE 6,094
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR CGF 30	)-33	35 38 40 42 3A-3M	3P 3I	R 3U 3W 40	C-4G				

20,137 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@OPTOMETRIST	146	387	\$	9,522.89	\$	24.61	.019	\$	65.23	\$	.47
DIAGNOSTIC AND ANC. PROCED	118	118		5,502.23		46.63	.006		46.63		.27
EYE APPLIANCES	93	268		3,951.76		14.75	.013		42.49		.20
OTHER OPTOMETRIC SERVICES	1	1		68.90		68.90	.000		68.90		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
VISITS	0	0	'	.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	24	40	\$	1,142.71	\$	28.57	.002	Ś	47.61	Ś	.06
MEDICINE/INJECTIONS	24	31	۲	915.49	Υ	29.53	.002	7	38.15	Υ	.05
SURGERY/ANES.	4	6		60.00		10.00	.000		15.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	2		149.92		74.96	.000		149.92		.01
@HOME HEALTH AGENCY	29	81	\$	4,857.38	\$	59.97	.004	Ċ	167.50	\$	.24
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	1	6	۲	362.88	\$	60.48	.000		362.88	\$	.02
	<del>=</del>	0	۶ \$		ې د						.02
PEDIATRIC NURSE PRACTITIONER	•	2		.00	ې د	.00	.000		.00	\$	
FAMILY NURSE PRACTITIONER	2		\$ \$	83.38	\$	41.69	.000		41.69	\$	.00
@TOTAL HOSPITAL	1,624	5,749	Ş	857,636.88	\$	149.18	.285	Þ	528.10	\$	42.59
HOSP INPATIENT TOTAL	119	480		693,399.08		1444.58	.024		5826.88		34.43
HSC HOSPITALS	111	449		639,947.73		1425.27	.022		5765.29		31.78
NON-HSC HOSPITAL TOTAL	10	31		53,451.35		1724.24	.002		5345.14		2.65
ACCOMMODATIONS	10	31		27,225.41		878.24	.002		2722.54		1.35
ADMINISTRATIVE DAYS	2	5		1,125.72		225.14	.000		562.86		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	26		26,099.69		1003.83	.001		3262.46		1.30
ANCILLARIES	10	0		26,225.94		.00	.000		2622.59		1.30
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,548	5 <b>,</b> 269		164,237.80		31.17	.262		106.10		8.16
MEDICAL	751	1,008		35 <b>,</b> 116.97		34.84	.050		46.76		1.74
SURGERY	112	130		6,456.96		49.67	.006		57.65		.32
PATHOLOGY	399	1,475		17,350.34		11.76	.073		43.48		.86
RADIOLOGY	452	569		42,024.78		73.86	.028		92.98		2.09
ROOM USE	817	1,033		43,148.04		41.77	.051		52.81		2.14
CROSSOVERS/ALL OTH OUTPINT	568	1,054		20,140.71		19.11	.052		35.46		1.00
@COUNTY HOSPITAL TOTAL	19	85	\$	15,132.95	\$	178.03	.004	\$	796.47	\$	.75
CO HOSPITAL INPATIENT TOTAL	4	11		13,102.04		1191.09	.001		3275.51		.65
HSC HOSPITALS	4	11		13,102.04		1191.09	.001		3275.51		.65
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	74		2,030.91		27.44	.004		119.47		.10
MEDICAL	6	11		331.26		30.11	.001		55.21		.02
SURGERY	2	2		9.98		4.99	.000		4.99		.00
PATHOLOGY	6	32		429.49		13.42	.002		71.58		.02
RADIOLOGY	3	4		353.75		88.44	.000		117.92		.02
ROOM USE	10	18		738.81		41.05	.001		73.88		.04
CROSSOVERS/ALL OTH OUTPTNT	4	7		167.62		23.95	.000		41.91		.01
	MEDI-CAL SERVICES A		RES		EPOR			DF.C		PΖ	AGE 6,095
MOP024	FEE-FOR-SERVICE/DEN'		0		011	.1 1010 01110 2			_002		01/17/03
MADIN COUNTY	CLIMMADY OF CEDUTCES		2.2	25 20 40 42 27 2M	3 D 3	D 211 214 40	10				01/1//00

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

MARIN COUNTY

						MO	NTHLY AVERA	GE	
20,137 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELI	IGIBLE
@COMMUNITY HOSPITAL TOTAL	1,609	5,664	\$	842,503.93	\$ 148.75	.281	\$ 523.62	\$	41.84
COMM HOSP INPATIENT TOTAL	116	469		680,297.04	1450.53	.023	5864.63		33.78
HSC HOSPITALS	108	438		626,845.69	1431.15	.022	5804.13		31.13
NON-HSC HOSPITALS TOTAL	10	31		53,451.35	1724.24	.002	5345.14		2.65
ACCOMMODATIONS	10	31		27,225.41	878.24	.002	2722.54		1.35
ADMINISTRATIVE DAYS	2	5		1,125.72	225.14	.000	562.86		.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	26		26,099.69	1003.83	.001	3262.46		1.30
ANCILLARIES	10	0		26,225.94	.00	.000	2622.59		1.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,535	5 <b>,</b> 195		162,206.89	31.22	.258	105.67		8.06
MEDICAL	746	997		34 <b>,</b> 785.71	34.89	.050	46.63		1.73
SURGERY	110	128		6,446.98	50.37	.006	58.61		.32
PATHOLOGY	394	1,443		16,920.85	11.73	.072	42.95		.84
RADIOLOGY	449	565		41,671.03	73.75	.028	92.81		2.07
ROOM USE	809	1,015		42,409.23	41.78	.050	52.42		2.11
CROSSOVERS/ALL OTH OUTPTNT	565	1,047		19 <b>,</b> 973.09	19.08	.052	35.35		.99
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	•	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	•	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	13	141	\$	2,032.66	\$	14.42	.007	\$	156.36	\$	.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	13	141		2,032.66		14.42	.007		156.36		.10
@LABORATORY FACILITY	842	3,089	\$	44,783.86	\$	14.50	.153	\$	53.19	\$	2.22
PATHOLOGY	838	3,084		44,489.28		14.43	.153		53.09		2.21
XO AND OTHERS	5	5		294.58		58.92	.000		58.92		.01
@ORGANIZED OUTPATIENT CLINIC	2,334	4,879	\$	386 <b>,</b> 767.66	\$	79.27	.242	\$	165.71	\$	19.21
CLINIC	558	2,071		47,495.32		22.93	.103		85.12		2.36
SURGICENTER	1	4		180.08		45.02	.000		180.08		.01
HEROIN DETOX CLINIC	3	32		359.10		11.22	.002		119.70		.02
RURAL HEALTH CLINIC	1,842	2,772		338,733.16		122.20	.138		183.89		16.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	Ρž	AGE 6,096
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

1111(11) 0001(11	SOIMMING OF SERV			70 00 10 12 011 011	31 31 30 31 10	MC	מתחודע אנורים	AGE
20,137 ELIGIBLES	USERS	UNITS OF SERVI	~ E	EXPENDITURES	AVERAGE COST			COST PER
20,137 ELIGIBLES	CALCO	OR DAYS OF CAL		EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	910	20,904	\$	84,807.40	\$ 4.06	1.038		
•	69	20 <b>,</b> 904 107	Ą	11,901.47	111.23		172.49	.59
DURABLE MED. EQUIP. BLOOD BANK	0	0		•	.00	.005	.00	
	0			.00				.00
HEARING AID DISPENSERS	2	10		2,531.41	253.14	.000	1265.71	.13
MEDICAL TRANSPORTATION	107	1,114		21,409.01	19.22		200.08	1.06
AMBULANCES/AIR TRANS	106	1,109		17,789.17	16.04		167.82	.88
OTHER TRANS	1	3		19.84	6.61		19.84	.00
OTHER SERVICES	2	2			1800.00	.000	1800.00	.18
ACUPUNCTURE	36	149		2,741.08	18.40	.007	76.14	.14
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18		1,499.00	83.28	.001	83.28	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	198	518		5,639.74	10.89	.026	28.48	.28
PHYSICAL THERAPIST	1	1		26.13	26.13	.000	26.13	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	32		5,662.74	176.96	.002	435.60	.28
PROSTHETICS	12	31		5,574.05	179.81	.002	464.50	.28
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	4	29		1,870.76	64.51	.001	467.69	.09
SPEECH AND AUDIOLOGY	7	15		837.37	55.82	.001	119.62	.04
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	461	2,894		28,637.49	9.90	.144	62.12	1.42
EPSDT SUPPLEMENTAL SERVICE	0	, 0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	16,017		2,051.20		.795	227.91	.10
QCALIF. CHILDREN SERVICES*	83	946	Ś	224,180.83		.047		
QXOVER EXCLUDING STATE HOSP**		1	Ś	24.00	\$ 24.00	.000	•	•
0* TOTAL THE THE TABLE TOTAL		DAME INFORMATION	TUEM		7 21.00	• 0 0 0	7 21.00	Ŧ .00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,097 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT

						M	ONT	HLY AVERA	.GE	
61,540 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	39,058 10,424	1,108,087	\$ 27,425,330.40	\$	24.75	18.006	\$	702.17	\$	445.65
@PHYSICIANS SERVICES	10,424	28,475	\$ 1,062,586.24	\$	37.32	.463	\$	101.94	\$	17.27
OUTPATIENT VISITS	5 <b>,</b> 608	7,698	294,525.23		38.26	.125		52.52		4.79
OFFICE VISITS	3,541	4,732	152,716.99		32.27	.077		43.13		2.48
HOME VISITS	100	116	4,463.39		38.48	.002		44.63		.07
EMERGENCY ROOM	2,178	2,588	127,428.06		49.24	.042		58.51		2.07
PREVENTIVE CARE	9	9	423.49		47.05	.000		47.05		.01
OB VISITS/COMPRE PERI	18	27	2,351.79		87.10	.000		130.66		.04
OTHER OUTPATIENT	197	226	7,141.51		31.60	.004		36.25		.12
INPATIENT VISITS	768	2,864	147,569.57		51.53	.047		192.15		2.40
HOSPITAL VISITS	555	2,310	106,003.76		45.89	.038		191.00		1.72
CRITICAL CARE	59	240	30,884.55		128.69	.004		523.47		.50
SNF/ICF/TRANS IP CARE	228	314	10,681.26		34.02	.005		46.85		.17
OPHTHALMOLOGICAL SERVICES	246	288	12,496.84		43.39	.005		50.80		.20
EXAMINATIONS	246	288	12,496.84		43.39	.005		50.80		.20
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	298	1,789	148,034.45		82.75	.029		496.76		2.41
PRINCIPAL SURGEON	209	309	112,052.17		362.63	.005		536.13		1.82
ASSISTANT SURGEON	19	19	2,666.09		140.32	.000		140.32		.04
ANESTHESIOLOGIST	109	1,461	33,316.19		22.80	.024		305.65		.54
OUTPATIENT SURGERY	664	1,595	100,585.68		63.06	.026		151.48		1.63
PRINCIPAL SURGEON	559	688	80,807.58		117.45	.011		144.56		1.31
ASSISTANT SURGEON	1	1	107.22		107.22	.000		107.22		.00
ANESTHESIOLOGIST	130	906	19,670.88		21.71	.015		151.31		.32
DIALYSIS	22	162	9,211.92		56.86	.003		418.72		.15
PATHOLOGY	588	1,372	14,617.61		10.65	.022		24.86		.24
RADIOLOGY	588 1 <b>,</b> 853	3,088	120,567.43		39.04	.050		65.07		1.96
PSYCHIATRY	14	27	756.60		28.02	.000		54.04		.01
IMMUNIZATION AND INJECTION	150	352	39,620.70		112.56	.006		264.14		.64
OTHER SERVICES/ALL X-OVERS	3,735	9,240	174,600.21		18.90	.150		46.75		2.84
@PHARMACY	28,869	200,754	\$ 14,073,301.63	\$	70.10	3.262	\$	487.49	\$	228.69
PRESCRIPTION DRUGS	28,466	108,444	10,954,438.79		101.01	1.762		384.83		178.01
SNF/ICF	1,100	6 <b>,</b> 857	675,269.77		98.48	.111		613.88		10.97
OUTPATIENTS	27,526	101 <b>,</b> 587	10,279,169.02		101.19	1.651		373.43		167.03
MEDICAL SUPPLIES	1,995	92,310	3,118,862.84		33.79	1.500		1563.34		50.68
@DENTIST	4,443		\$	\$	40.89	.249	\$		\$	10.20
VISITS - DIAGNOSTIC	3,200	10,014	171,661.36		17.14	.163		53.64		2.79
ORAL SURGERY	454	879	43,380.04		49.35	.014		95.55		.70
DRUGS	39	48	881.75		18.37	.001		22.61		.01
ANESTHESIA	12	12	1,100.00		91.67	.000		91.67		.02
PERIODONTICS	200	283	46,826.25		165.46	.005		234.13		.76
ENDODONTICS	206	267	48,492.50		181.62	.004		235.40		.79
RESTORATIVE DENTISTRY	1,339	3,052	234,611.25		76.87	.050		175.21		3.81
PROSTHETICS	48	59	2,640.00		44.75	.001		55.00		.04
DENTURES, STAYPLATES	264	627	71,974.02		114.79	.010		272.63		1.17
SPACE MAINTAINERS	3	3	320.00		106.67	.000		106.67		.01
MAXILLOFACIAL SERVICES	7	8	400.00		50.00	.000		57.14		.01
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	44	52	5,035.00		96.83	.001		114.43		.08
ALL OTHER SERVICES	27	41	154.50		3.77	.001		5.72		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,098 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							M	ONT	HLY AVERA	GE	
61,540 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	491 338	1,253	\$	33,416.19	\$		.020	\$	68.06	\$	.54
DIAGNOSTIC AND ANC. PROCED		345		15 <b>,</b> 973.03		46.30	.006		47.26		.26
EYE APPLIANCES	279	872		15,398.00		17.66	.014		55.19		.25
OTHER OPTOMETRIC SERVICES	33	36		2,045.16		56.81	.001		61.97		.03
@CHIROPRACTOR	15	27	\$		\$		.000	\$	26.36	\$	.01
VISITS	13	23		384.56		16.72	.000		29.58		.01
OTHER SERVICES	2	4		10.78		2.70	.000		5.39		.00
@PODIATRIST	438	625	\$	14,066.07	\$	22.51	.010	\$	32.11	\$	.23
MEDICINE/INJECTIONS	242	285		7,333.74		25.73	.005		30.30		.12
SURGERY/ANES.	29	34		1,147.99		33.76	.001		39.59		.02
RADIO./PATHOLOGY	5 205 167 0	8		138.40		17.30	.000		27.68		.00
OTHER	205	298		5,445.94		18.27	.005		26.57		.09
@HOME HEALTH AGENCY	167	5,121	\$	149,125.39	\$		.083		892.97		2.42
NURSE ANESTHESIST	0 3	0	\$	.00		.00	.000		.00		.00
NURSE MIDWIFE	3	21	\$		\$	23.29	.000		163.01		.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	15	42	\$	413.37	\$		.001		27.56		.01
@TOTAL HOSPITAL	6,564 626	32,764	\$	413.37 4,497,789.16 3,624,576.48	\$	137.28	.532	\$		\$	73.09
HOSP INPATIENT TOTAL	626	4,265		3,624,576.48		849.84	.069		5790.06		58.90
HSC HOSPITALS	402	2,225		3,007,948.56		1351.89	.036		7482.46		48.88
NON-HSC HOSPITAL TOTAL	70	289		414,701.82		1434.95	.005		5924.31		6.74
ACCOMMODATIONS	69	289		147,639.20		510.86	.005		2139.70		2.40
ADMINISTRATIVE DAYS	31 0	154		32,788.36		212.91	.003		1057.69		.53
TRANSITIONAL IP CARE	0	0		100.28		.00	.000		.00		.00
ALL OTHER ACCOM	39	135		114,750.56		850.00	.002		2942.32		1.86
ANCILLARIES	70	0		267,062.62		137.28 849.84 1351.89 1434.95 510.86 212.91 .00 850.00 .00 115.32	.000		3815.18		4.34
INPATIENT CROSSOVERS	180	1,751		201,926.10		115.32	.028		1121.81		3.28
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6 <b>,</b> 155	28 <b>,</b> 499		873,212.68		30.64	.463		141.87		14.19
MEDICAL	2 <b>,</b> 053	3 <b>,</b> 297		873,212.68 117,341.37		.00 30.64 35.59 75.37 11.66 82.77 44.92	.054		57.16		1.91
SURGERY	398	488		36,780.42		75.37	.008		92.41		.60
PATHOLOGY	1,506	7,603		88,661.83		11.66	.124		58.87		1.44
RADIOLOGY	1,332	1,842		152,457.11		82.77	.030		114.46		2.48
ROOM USE	2 <b>,</b> 277	3,245		145,778.04		44.92	.053		64.02		2.37
CROSSOVERS/ALL OTH OUTPTNT	1,506 1,332 2,277 3,309	12,024		332 <b>,</b> 193.91		27.63	.195		100.39		5.40
@COUNTY HOSPITAL TOTAL	97 11	456	\$			128.66			604.84	\$	.95
CO HOSPITAL INPATIENT TOTAL	11	118		47,975.85		406.58 1099.81 397.79 251.69 248.36	.002		4361.44		.78
HSC HOSPITALS	8	36		39,593.03		1099.81	.001		4949.13		.64
NON-HSC HOSPITALS TOTAL	1	15		5,966.82		397.79	.000		5966.82		.10
ACCOMMODATIONS	1 1 0 0	15		3,775.38		251.69	.000		3775.38		.06
ADMINISTRATIVE DAYS	1	15		-,			.000		3725.44		.06
TRANSITIONAL IP CARE	0	0		49.94		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
		0		2,191.44		.00	.000		2191.44		.04
INPATIENT CROSSOVERS	3	67		2,416.00		36.06	.001		805.33		.04
ALL OTHER INPATIENT	0 89	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	89	338		10,693.95		31.64	.005		120.16 43.89		.17
MEDICAL	33	44		1,448.25		32.91	.001				.02
SURGERY	8	10		187.55		18.76	.000		23.44		.00
PATHOLOGY	31	125		1,909.72		15.28	.002		61.60		.03

RADIOLOGY	21	31	3,011.76	97.15	.001	143.42		.05
ROOM USE	59	75	3,214.04	42.85	.001	54.48		.05
CROSSOVERS/ALL OTH OUTPINT	27	53	922.63	17.41	.001	34.17		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE	6,099
MOP024	FEE-FOR-SERVICE/DENTA	L					01	/17/03

MOPUZ4	FEE-FOR-SERVICE		m				01/1//03
MARIN COUNTY	SUMMARY OF SERV	JICES FOR CASH GRAN	T		MON'	תמזע אוודט	~ਦ
61,540 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
01,540 EDIGIBLES	025172	OR DAYS OF CARE	EXFERDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,481	32,308 \$	4,439,119.36	\$ 137.40	.525 \$		
COMM HOSP INPATIENT TOTAL	616	4,147	3,576,600.63	862.45	.067	5806.17	58.12
HSC HOSPITALS	395	2,189	2,968,355.53	1356.03	.036	7514.82	48.23
NON-HSC HOSPITALS TOTAL	69	274	408,735.00	1491.73	.004	5923.70	6.64
ACCOMMODATIONS	68	274	143,863.82	525.05	.004	2115.64	2.34
ADMINISTRATIVE DAYS	30	139	29,062.92	209.09	.002	968.76	.47
TRANSITIONAL IP CARE	0	0	50.34	.00	.000	.00	.00
ALL OTHER ACCOM	39	135	114,750.56	850.00	.002	2942.32	1.86
ANCILLARIES	69	133	264,871.18	.00	.002	3838.71	4.30
INPATIENT CROSSOVERS	177	1,684	199,510.10	118.47	.027	1127.18	3.24
	0	0	•	.00	.000		.00
ALL OTHER INPATIENT	6 <b>,</b> 080		.00	30.63	.458	.00 141.86	14.02
COMM HOSP OUTPATIENT TOTAL MEDICAL	2,023	28,161 3,253	862,518.73 115,893.12	35.63	.458	57.29	14.02
	390	3,233 478				93.83	.59
SURGERY	1,476		36,592.87 86,752.11	76.55 11.60	.008		
PATHOLOGY	1,476	7,478			.122	58.78	1.41 2.43
RADIOLOGY	1,313 2,224	1,811	149,445.35	82.52	.029	113.82	
ROOM USE		3,170	142,564.00	44.97	.052	64.10	2.32
CROSSOVERS/ALL OTH OUTPTNT		11,971	331,271.28	27.67	.195	100.84	5.38
@STATE HOSPITAL	2	40 \$	,	\$ 547.48		10949.60	
MENTALLY ILL	•	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2 589	40	21,899.20	547.48	.001	10949.60	.36
@NURSING FACILITY	589	17,798 \$	_//	\$ 135.99		4109.23	•
LEV A-INTERMEDIATE	90	0	.00	.00	.000	.00	.00
LEV B-REHAB MD		3,616	434,068.32	120.04	.059	4822.98	7.05
LEV B-SUBACUTE FREESTANDING	4	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED		106	58,633.90	553.15	.002	14658.48	.95
LEV B-TRANSITIONAL IP CARE	0 496 242 242	0	.00	.00	.000	.00	.00
LEV B-REGULAR	496	14,076	1,927,632.54	136.94	.229	3886.36	31.32
@INTERMEDIATE CARE FACILDD	242	8,054 \$	• •	\$ 148.91	·	4955.77	•
ICF DDH		8,054	1,199,295.79	148.91	.131	4955.77	19.49
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	149	1,805 \$	- ,	\$ 73.20	.029 \$		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	149	1,805	132,123.35	73.20	.029	886.73	2.15
@REHABILITATION FACILITY	93	831 \$		\$ 16.09	.014 \$		•
HOSPITAL BASED	12	41	1,192.30	29.08	.001	99.36	.02
INDEPENDENT FACILITY	81	790	12,175.79	15.41	.013	150.32	.20
@LABORATORY FACILITY	3,162	16,817 \$	<b>,</b>	\$ 11.78	.273 \$		
PATHOLOGY	3,120	16,748	194,147.97	11.59	.272	62.23	3.15
XO AND OTHERS	62	69	3,894.73	56.45	.001	62.82	.06
@ORGANIZED OUTPATIENT CLINIC	6,137	11,641 \$	· · · · <b>,</b> · · · · · · ·	\$ 75.67	.189 \$		
CLINIC	1,192	3,503	81,867.23	23.37	.057	68.68	1.33
SURGICENTER	21	37	4,084.78	110.40	.001	194.51	.07
HEROIN DETOX CLINIC	26	424	4,914.00	11.59	.007	189.00	.08
RURAL HEALTH CLINIC	5,072	7,677	789,987.49	102.90	.125	155.75	12.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT 1	KEPORT FOR JAN	ZUUZ THRU DE	2002	PAGE 6,100

THINKIN COONTI	DOTHER OF DEL	(VICED TOIL CIDII GIVINI					
					MON	THLY AVERA	GE
61,540 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6,414	766 <b>,</b> 674 \$	2,100,353.92	\$ 2.74	12.458 \$	327.46	\$ 34.13
DURABLE MED. EQUIP.	411	1,617	235,920.00	145.90	.026	574.01	3.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	150	261	31,638.17	121.22	.004	210.92	.51
MEDICAL TRANSPORTATION	927	20,517	169,710.12	8.27	.333	183.07	2.76
AMBULANCES/AIR TRANS	542	7,232	106,560.71	14.73	.118	196.61	1.73
OTHER TRANS	80	9 <b>,</b> 055	24,545.89	2.71	.147	306.82	.40
OTHER SERVICES	327	4,230	38,603.52	9.13	.069	118.05	.63
ACUPUNCTURE	184	593	10,584.60	17.85	.010	57.53	.17
ADULT DAY HEALTH CARE CTR	507	5,498	366,298.46	66.62	.089	722.48	5.95
GENETIC DISEASE TESTING	20	20	1,609.00	80.45	.000	80.45	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	878	11,258	527,853.35	46.89	.183	601.20	8.58
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	919	2 <b>,</b> 655	33,127.45	12.48	.043	36.05	.54
PHYSICAL THERAPIST	7	47	806.64	17.16	.001	115.23	.01
PORTABLE X-RAY	20	47	907.91	19.32	.001	45.40	.01
PROSTHETIST/ORTHOTISTS	117	311	38 <b>,</b> 113.57	122.55	.005	325.76	.62
PROSTHETICS	100	277	35 <b>,</b> 825.86	129.34	.005	358.26	.58
ORTHOTICS	18	34	2,287.71	67.29	.001	127.10	.04
PSYCHOLOGIST	14	42	2,172.46	51.73	.001	155.18	.04
SPEECH AND AUDIOLOGY	815	3 <b>,</b> 389	133,762.24	39.47	.055	164.13	2.17
HOSPICE SERVICES	58	1 <b>,</b> 953	242,047.82	123.94	.032	4173.24	3.93
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	826	16 <b>,</b> 951	136,054.30	8.03	.275	164.71	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,352	701 <b>,</b> 515	169,747.83	.24	11.399	125.55	2.76
@CALIF. CHILDREN SERVICES*	387	5 <b>,</b> 833	\$ 2,250,595.97	\$ 385.84	.095	\$ 5815.49	\$ 36.57
@XOVER EXCLUDING STATE HOSP**	5,111	52,613	\$ 764,700.61	\$ 14.53	.855	\$ 149.62	\$ 12.43

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,101 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR 185% PRO	OGRAM	- INFANTS	AID CODES 47			
						MON	ITHLY AVERAG	E
1,831 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	935	3,324	\$	415,646.02	\$ 125.04	1.815	444.54	
@PHYSICIANS SERVICES	240	536	\$	32,374.47	\$ 60.40	.293	134.89	\$ 17.68
OUTPATIENT VISITS	177	229		9,098.89	39.73	.125	51.41	4.97
OFFICE VISITS	74	114		3,701.97	32.47	.062	50.03	2.02
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	102	111		5,309.09	47.83	.061	52.05	2.90
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4		87.83	21.96	.002	21.96	.05
INPATIENT VISITS	13	109		12,258.06	112.46	.060	942.93	6.69
HOSPITAL VISITS	12	55		3,172.90	57.69	.030	264.41	1.73
CRITICAL CARE	4	54		9,085.16	168.24	.029	2271.29	4.96
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	16	21		858.18	40.87	.011	53.64	.47
EXAMINATIONS	16	21		858.18	40.87	.011	53.64	.47
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	56		6,536.95	116.73	.031	502.84	3.57
PRINCIPAL SURGEON	9	10		4,702.21	470.22	.005	522.47	2.57
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	46		1,834.74	39.89	.025	305.79	1.00
OUTPATIENT SURGERY	8	12		1,430.80	119.23	.007	178.85	.78
PRINCIPAL SURGEON	7	10		1,339.45	133.95	.005	191.35	.73
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.001	91.35	.05
DIALYSIS	2	7		753.88	107.70	.004	376.94	.41
PATHOLOGY	9	15		62.47	4.16	.008	6.94	.03
RADIOLOGY	45	52		832.54	16.01	.028	18.50	.45
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9		84.76	9.42	.005	28.25	.05
OTHER SERVICES/ALL X-OVERS	14	26		457.94	17.61	.014	32.71	.25
@PHARMACY	357	675	\$	19,541.76	\$ 28.95	.369	54.74	\$ 10.67
PRESCRIPTION DRUGS	355	629		19,162.10	30.46	.344	53.98	10.47
SNF/ICF	2	2		2,499.86	1249.93	.001	1249.93	1.37
OUTPATIENTS	354	627		16,662.24	26.57	.342	47.07	9.10
MEDICAL SUPPLIES	14	46		379.66	8.25	.025	27.12	.21
@DENTIST	1	1	\$	18.75	\$ 18.75	.001		\$ .01
VISITS - DIAGNOSTIC	1	1		18.75	18.75	.001	18.75	.01
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	Ö	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,102
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		
					MON	ITHLY AVERA	GE
1,831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$ 740 \$		\$ .00	.000 \$		\$ .00
OMOMAT HOODIMAT	205	740 \$	224,113.94	\$ 302.86	.404 \$		\$ 122.40
HOSP INPATIENT TOTAL	205 35 33 2 2 0	135	202,428.85	1499.47	.074	5783.68	110.56
HSC HOSPITALS	33	131	197,905.00	1510.73	.072	5997.12	108.09
NON-HSC HOSPITAL TOTAL	2	4	4,523.85	1130.96	.002	2261.93	2.47
ACCOMMODATIONS	2	4	2,920.31	730.08	.002	1460.16	1.59
ADMINISTRATIVE DAYS	0	4 0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,920.31	730.08	.002	1460.16	1.59
ANCILLARIES	1	0	1,603.54	.00	.000	1603.54	.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 2 1 0 0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	182	605	21,685.09	35.84	.330	119.15	11.84
MEDICAL	83	122	6,148.68	50.40	.067	74.08	3.36
SURGERY	8	10	425.37	42.54	.005	53.17	.23
PATHOLOGY	53	261	2,366.33	9.07	.143	44.65	1.29
RADIOLOGY	48	57	7,207.81	126.45	.031	150.16	3.94
ROOM USE	89	105	4,377.91	41.69	.057	49.19	2.39
CROSSOVERS/ALL OTH OUTPTNT	40	50	1,158.99	23.18	.027	28.97	.63
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	_	_					

0

.00

.00

.000

.00

.00

ANCILLARIES

0

INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ô		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0									
ROOM USE	U		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		NDITU	RES MONT	H-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 6,103
MOP024	FEE-FOR-SERVICE	DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVI	ICES FOR 1	85% P	ROGRAM -	INFANTS	AID	CODES 47	69				
								M	TNC	HLY AVERA	GE ·	
1,831 ELIGIBLES	USERS	UNITS OF S	ERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
,		OR DAYS O	F CAR	E.			UNIT/DAY			USER	1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205		740	\$	224,113.94		302.86		Ś	1093.24		
COMM HOSP INPATIENT TOTAL	35		135	Υ	202,428.85		1499.47	.074	Ψ	5783.68	٣	110.56
HSC HOSPITALS	33		131		197,905.00		1510.73	.074		5997.12		108.09
	33											
NON-HSC HOSPITALS TOTAL	2		4		4,523.85		1130.96	.002		2261.93		2.47
ACCOMMODATIONS	2		4		2,920.31		730.08	.002		1460.16		1.59
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		4		2,920.31		730.08	.002		1460.16		1.59
ANCILLARIES	1		0		1,603.54		.00	.000		1603.54		.88
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	182		605		21,685.09		35.84	.330		119.15		11.84
MEDICAL	83		122		6,148.68		50.40	.067		74.08		3.36
	8		10		425.37					53.17		.23
SURGERY							42.54	.005				
PATHOLOGY	53		261		2,366.33		9.07	.143		44.65		1.29
RADIOLOGY	48		57		7,207.81		126.45	.031		150.16		3.94
ROOM USE	89		105		4,377.91		41.69	.057		49.19		2.39
CROSSOVERS/ALL OTH OUTPINT	40		50		1,158.99		23.18	.027		28.97		.63
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0	•	.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0		Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
	0		0									
LEV B-TRANSITIONAL IP CARE	U				.00		.00	.000		.00		.00
LEV B-REGULAR	U		0	_	.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1		14	\$	234.51	\$	16.75	.008	Ś	234.51	Ś	.13
HOSPITAL BASED	0		0	Ψ	.00	7	.00	.000	Y	.00	Y	.00
	1											
INDEPENDENT FACILITY	<del>-</del>		14	ć	234.51	ć	16.75	.008	Ċ	234.51	Ċ	.13
@LABORATORY FACILITY	41		77	\$	905.53	\$	11.76	.042	Ş	22.09	Ş	.49
PATHOLOGY	41		77		905.53		11.76	.042		22.09		. 49
XO AND OTHERS	0		0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	567	1,127	\$	135,183.92	\$	119.95	.616	\$	238.42	\$	73.83
CLINIC	1	1		32.62		32.62	.001		32.62		.02
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	566			135,151.30			.615				73.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MOI	NTH-OF-DAVMENT B	FPORT	FOR JAN '				D	AGE 6,104
MOP024	FEE-FOR-SERVICE		INDO PIOI	NIII OF TATRENT IN	DI OIVI	TON OAN 2	2002 11110	טבוכ	, 2002	1.2	01/17/03
				TNEANEC	7 7 7	CODEC 47	C 0				01/11/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM	- INFANTS	AIL	CODES 47				~-	
1 001			_						HLY AVERA		
1,831 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR			PER	UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	26	154	\$	3,273.14	\$		.084	\$	125.89	\$	1.79
DURABLE MED. EQUIP.	9 0 0	14		768.33		54.88	.008		85.37		.42
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	8	124 124		1,140.88		9.20	.068		142.61 142.61		.62
AMBULANCES/AIR TRANS	8	124		1,140.88		9.20 9.20	.068		142.61		.62
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	0	0									
ADULT DAY HEALTH CARE CTR	U	U		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	3	3		.00 151.00		50.33	.002		50.33		.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	6	13		1,212.93		93.30	.007		202.16		.66
PROSTHETICS	6	13		1,212.93		93.30	.007		202.16		.66
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00					
NONINST BIRTHING CENTERS	0	0					.000		.00		.00
LOCAL EDUCATION AGENCIES	U	U		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	41	407		152,082.62	\$	373.67			3709.33	\$	83.06
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	ITEM O	NLY;							
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU		NTH-OF-PAYMENT R	EPORT	FOR TAN 2	2002 THRII	DEC	2002	P	AGE 6,105
MOP024	FEE-FOR-SERVICE		ICEO FIOI	IVIII OI IIIIIIIVI IX	DI OIVI	1010 07110 2	2002 11110	טטכ	2002		01/17/03
MARIN COUNTY		ICES FOR 185% P	DOCDAM	- DDECNAME A	TD CC	DES 44 48	10				01/1//03
MAKIN COUNTI	SOMMANI OF SERV	ICES FOR 105% F.	INOGINAM	FILGINANI A	ID CC	/DES 44 40		חות	תמשעות עדטי	CE	
0 704 BLIGIBLES	Halba	INITES OF SERVICE	_		7. 7. 7.	D 7 CD CO CD			HLY AVERA		
2,704 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,119	22,420	\$	1,605,993.67	Ş	71.63	8.291		757.90		593.93
@PHYSICIANS SERVICES	839	2,828	\$	213,046.46	\$	75.33	1.046	\$	253.93	\$	78.79
OUTPATIENT VISITS	171	218		11,478.36		52.65	.081		67.12		4.24
OFFICE VISITS	44	47		2,392.53		50.90	.017		54.38		.88
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	107	111		5,811.50		52.36	.041		54.31		2.15
				•							

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	22	60	3,272.19	54.54	.022	148.74	1.21
OTHER OUTPATIENT	0	0	2.14	.00	.000	.00	.00
INPATIENT VISITS	63	189	13,933.99	73.72	.070	221.17	5.15
HOSPITAL VISITS	62	159	8,505.28	53.49	.059	137.18	3.15
CRITICAL CARE	4	30	5,428.71	180.96	.011	1357.18	2.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	16.79	.00	.000	.00	.01
EXAMINATIONS	0	0	16.79	.00	.000	.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	252	843	124,008.97	147.10	.312	492.10	45.86
PRINCIPAL SURGEON	194	203	103,927.09	511.96	.075	535.71	38.43
ASSISTANT SURGEON	14	14	3,055.42	218.24	.005	218.24	1.13
ANESTHESIOLOGIST	63	626	17,026.46	27.20	.232	270.26	6.30
OUTPATIENT SURGERY	159	311	11,369.07	36.56	.115	71.50	4.20
PRINCIPAL SURGEON	151	281	10,362.66	36.88	.104	68.63	3.83
ASSISTANT SURGEON	1	1	139.88	139.88	.000	139.88	.05
ANESTHESIOLOGIST	8	29	866.53	29.88	.011	108.32	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	20	168.20	8.41	.007	14.02	.06
RADIOLOGY	424	547	20,321.39	37.15	.202	47.93	7.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9	58.07	6.45	.003	19.36	.02
OTHER SERVICES/ALL X-OVERS	213	691	31,691.62	45.86	.256	148.79	11.72
@PHARMACY	579	1,548	\$ 45,733.16	\$ 29.54	.572	\$ 78.99	\$ 16.91
PRESCRIPTION DRUGS	526	1,272	22,958.99	18.05	.470	43.65	8.49
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	526	1,272	22,958.99	18.05	.470	43.65	8.49
MEDICAL SUPPLIES	123	276	22,774.17	82.52	.102	185.16	8.42
@DENTIST	12	21	\$ 280.00	\$ 13.33	.008	\$ 23.33	\$ .10
VISITS - DIAGNOSTIC	10	14	150.00	10.71	.005	15.00	.06
ORAL SURGERY	4	4	130.00	32.50	.001	32.50	.05

DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	1	1		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0								
ORTHODONTIC SERVICES	0	1		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	_		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			JRES MO	NTH-OF-PAYMENT RE	POR'	I FOR JAN 2	2002 THRU D	EC 2002	ŀ	AGE 6,106
MOP024	FEE-FOR-SERVICE									01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	I - PREGNANT AI	ID C	ODES 44 48				
							MC		AGE.	
2,704 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS			COST PER
		OR DAYS OF CAL	RE		PE:	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000		\$	.00
VISITS	0	0	Υ	.00	۲	.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	0	0	\$	.00	\$	.00	.000		\$	.00
@PODIATRIST	0	0	Ą		ې					
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	U	•		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	145	244	\$	13,038.04	\$	53.43		\$ 89.92		4.82
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	11	166	\$	2,865.57	\$	17.26	.061	\$ 260.51	\$	1.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	460	1,835	\$	990,059.38	\$	539.54	.679	\$ 2152.30	\$	366.15
HOSP INPATIENT TOTAL	209	704		958,845.87		1362.00	.260	4587.78		354.60
HSC HOSPITALS	193	649		892,458.67		1375.13	.240	4624.14		330.05
NON-HSC HOSPITAL TOTAL	16	55		66,387.20		1207.04	.020	4149.20		24.55
ACCOMMODATIONS	16	55		37,195.70		676.29	.020	2324.73		13.76
ADMINISTRATIVE DAYS	0	0		215.46CR	2	.00	.000	.00		.08CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	16	55		37,411.16		680.20	.020	2338.20		13.84
ANCILLARIES	16	0		29,191.50		.00	.000	1824.47		10.80
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
	0	0								
ALL OTHER INPATIENT	•	•		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	328	1,131		31,213.51		27.60	.418	95.16		11.54
MEDICAL	76	103		5,150.74		50.01	.038	67.77		1.90
SURGERY	75	160		5,109.49		31.93	.059	68.13		1.89
PATHOLOGY	130	426		4,610.82		10.82	.158	35.47		1.71
RADIOLOGY	121	137		7,402.25		54.03	.051	61.18		2.74
ROOM USE	90	111		5,535.83		49.87	.041	61.51		2.05
CROSSOVERS/ALL OTH OUTPTNT	117	194		3,404.38		17.55	.072	29.10		1.26
@COUNTY HOSPITAL TOTAL	8	76	\$	2,174.96	\$	28.62	.028	\$ 271.87	\$	.80
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
<del></del>	-	ŭ								

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	76	2,174.96	28.62	.028	271.87	.80
MEDICAL	2	2	15.81	7.91	.001	7.91	.01
SURGERY	6	8	258.22	32.28	.003	43.04	.10
PATHOLOGY	7	32	670.35	20.95	.012	95.76	.25
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	14	1,017.19	72.66	.005	145.31	.38
CROSSOVERS/ALL OTH OUTPTNT	6	20	213.39	10.67	.007	35.57	.08
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 6,107
MOP024	FEE-FOR-SERVICE				LOUZ IIIKO DE	.0 2002	01/17/03
MARIN COUNTY		ICES FOR 185% PROGR	AM - PREGNANT A	ID CODES 44 48	49		01/1//00
THINKIN COONTI	DOINING OF DERVI			ID CODED II IO	MON	THLY AVERA	GE
2,704 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
2,701 221012220	ODERO	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	453	1,759 \$	987,884.42	\$ 561.62	.651 \$		
COMM HOSP INPATIENT TOTAL	209	704	958,845.87	1362.00	.260	4587.78	354.60
HSC HOSPITALS	193	649	892,458.67	1375.13	.240	4624.14	330.05
NON-HSC HOSPITALS TOTAL	16	55	66,387.20	1207.04	.020	4149.20	24.55
ACCOMMODATIONS	16	55	37,195.70	676.29	.020	2324.73	13.76
ADMINISTRATIVE DAYS	0	0	215.46C		.000	.00	.08CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	55	37,411.16	680.20	.020	2338.20	13.84
ANCILLARIES	16	0	29,191.50	.00	.000	1824.47	10.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	321	1,055	29,038.55	27.52	.390	90.46	10.74
MEDICAL	75	101	5,134.93	50.84	.037	68.47	1.90
SURGERY	69	152	4,851.27	31.92	.056	70.31	1.79
PATHOLOGY	123	394	3,940.47	10.00	.146	32.04	1.46
RADIOLOGY	121	137	7,402.25	54.03	.051	61.18	2.74
ROOM USE	83	97	4,518.64	46.58	.036	54.44	1.67
CROSSOVERS/ALL OTH OUTPINT	111	174	3,190.99	18.34	.064	28.75	1.18
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000		\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV D TRANSTITONAL II CARE	0	0	.00	.00	.000	.00	.00

0

0

0

0

0

0

0

0

\$

\$

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

.00

.00

.00

.00

.00

.00

.00

.00

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

\$

.00

.00

.00

.00

.00

.00

.00

.00

	0	0	Ċ	0.0	ć	0.0	000 6	0.0	Ċ	0.0
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000 \$		Ş	.00
HOSPITAL BASED	-	•		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	.00	_	.00
@LABORATORY FACILITY		2,586	\$	35,674.00	\$	13.80	.956 \$		Ş	13.19
PATHOLOGY	899	2,586		35,674.00		13.80	.956	39.68		13.19
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,422	12,709	\$	290,204.83	\$	22.83	4.700 \$		\$ 1	L07.32
CLINIC	1,233	11,895		190,624.12		16.03	4.399	154.60		70.50
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	343	814		99,580.71		122.34	.301	290.32		36.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES 1	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU DE	C 2002	PAGI	E 6,108
MOP024	FEE-FOR-SERVICE	/DENTAL							(	01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185% 1	PROGR	AM - PREGNANT A	AID CC	DES 44 48	49			
							MON	THLY AVERA	GE	
2,704 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER	ELI	IGIBLE
@ALL OTHER PROVIDERS	150	483	\$	15,092.23			.179 \$	100.61	\$	5.58
DURABLE MED. EQUIP.	2	4		190.95		47.74	.001	95.48	·	.07
BLOOD BANK	0	0		.00		.00	.000	.00		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AND DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	13	140		2,116.90		15.12	.052	162.84		.78
	13	140		2,116.90		15.12	.052	162.84		.78
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR		0		.00		.00	.000	.00		.00
CENERIC DICEAGE RECRING		133		12,522.00		94.15	.049	94.86		4.63
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	132	133		12,322.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00						
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	U	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY		0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	3 3	6		157.62		26.27	.002	52.54		.06
PROSTHETICS		6		157.62		26.27	.002	52.54		.06
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	1	200		104.76		.52	.074	104.76		.04
@CALIF. CHILDREN SERVICES*	13	219	\$	97,450.53	\$	444.98	.081 \$	7496.19	\$	36.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$		\$	.00	.000 \$		\$	.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL	L LINI	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES A	ABOVE							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES 1	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU DE	C 2002	PAGI	E 6,109
MOP024	FEE-FOR-SERVICE									01/17/03
MARIN COUNTY			Y POS	F PARTUM PROGRAM		AID CODE	76			•
		·					MON	THLY AVERA	GE	
AA ELICIDIEC	HCEDC	INTER OF CERTIF	יחי	EADENDIMIDEC	74 7 7 77	DACE COCH	IINITEC / DAVC	COCH DED	000	משם שנ

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

44 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	53	201	\$	8,261.74	\$	41.10	4.568 \$	155.88	\$	187.77
@PHYSICIANS SERVICES	14	43	\$	2,368.22	\$	55.07	.977 \$	169.16	\$	53.82
OUTPATIENT VISITS	6	7		473.76		67.68	.159	78.96		10.77
OFFICE VISITS	1	1		24.00		24.00	.023	24.00		.55
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	4	5		348.71		69.74	.114	87.18		7.93
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		101.05		101.05	.023	101.05		2.30
	1	1								
OTHER OUTPATIENT	0	U		.00		.00	.000	.00		.00
INPATIENT VISITS	1	4		230.44		57.61	.091	230.44		5.24
HOSPITAL VISITS	1	4		230.44		57.61	.091	230.44		5.24
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	14		315.95		22.57	.318	315.95		7.18
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	14		315.95		22.57	.318	315.95		7.18
OUTPATIENT SURGERY	±	6		826.14		137.69	.136	165.23		18.78
	J	6								
PRINCIPAL SURGEON	5	•		826.14		137.69	.136	165.23		18.78
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	1	3		258.95		86.32	.068	258.95		5.89
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	5	8		218.38		27.30	.182	43.68		4.96
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		44.60		44.60	.023	44.60		1.01
@PHARMACY	4	7	\$	507.78	\$	72.54	.159 \$		Ś	11.54
PRESCRIPTION DRUGS	2	3	Τ	109.92	Ψ	36.64	.068	54.96	т	2.50
SNF/ICF	0	0		.00		.00	.000	.00		.00
	0	3				36.64				
OUTPATIENTS	2			109.92			.068	54.96		2.50
MEDICAL SUPPLIES	2	4		397.86		99.47	.091	198.93		9.04
@DENTIST	0	0	\$	.00	\$	.00	.000 \$		Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
•	0	· ·								
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MON	TH-OF-PAYMENT R	EPOR1	r for Jan 2	2002 THRU DE	C 2002	PΖ	AGE 6,110
MOP024	FEE-FOR-SERVICE									01/17/03
MARIN COUNTY	SUMMARY OF SERV	VICES FOR 60-DAY F	POST P.	ARTUM PROGRAM		AID CODE	76			
							MON	THLY AVERA	GE -	
44 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	(	COST PER

@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	8	\$ 598.88	\$ 74.86	.182	\$ 598.88	\$ 13.61
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	8	47	\$ 1,280.32	\$ 27.24	1.068	\$ 160.04	\$ 29.10
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	47	1,280.32	27.24	1.068	160.04	29.10
MEDICAL	4	5	81.15	16.23	.114	20.29	1.84
SURGERY	2	2	81.02	40.51	.045	40.51	1.84
PATHOLOGY	6	18	238.68	13.26	.409	39.78	5.42

		_								
RADIOLOGY	4	5		164.70		32.94	.114	41.18	3.74	
ROOM USE	5	8		535.30		66.91	.182	107.06	12.17	
CROSSOVERS/ALL OTH OUTPINT	5	9		179.47		19.94	.205	35.89	4.08	
@COUNTY HOSPITAL TOTAL	2	17	\$	474.87	\$	27.93	.386	\$ 237.44	\$ 10.79	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	2	17		474.87		27.93	.386	237.44	10.79	
MEDICAL	1	1		8.68		8.68	.023	8.68	.20	
SURGERY	1	1		49.22		49.22	.023	49.22	1.12	
PATHOLOGY	1	7		130.33		18.62	.159	130.33	2.96	
RADIOLOGY	0	0		.00		.00	.000	.00	.00	
ROOM USE	1	3		202.34		67.45	.068	202.34	4.60	
CROSSOVERS/ALL OTH OUTPINT	2	5		84.30		16.86	.114	42.15	1.92	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-	-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 6,111	
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03	
MARIN COUNTY	SUMMARY OF SERVICES FOR	60-DAY 1	POST PARTUM	PROGRAM		AID CODE	<b>Ξ</b> 76			
							7	ACMINITY ATTENA	CE	

----- MONTHLY AVERAGE -----44 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 6 3.0 805.45 26.85 .682 \$ 134.24 \$ 18.31 .00 .000 .00 COMM HOSP INPATIENT TOTAL .00 . 00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 INPATIENT CROSSOVERS .00 .000 .00 .00 0 .00 ALL OTHER INPATIENT .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 805.45 26.85 .682 134.24 18.31 MEDICAL 72.47 18.12 .091 24.16 1.65 1 SURGERY 31.80 31.80 .023 31.80 .72 PATHOLOGY 11 108.35 9.85 .250 21.67 2.46 RADIOLOGY 5 164.70 32.94 .114 41.18 3.74 ROOM USE 332.96 66.59 .114 83.24 7.57 95.17 23.79 .091 31.72 2.16 CROSSOVERS/ALL OTH OUTPINT 0 .00 \$ .00 .000 \$ .00 \$ .00 @STATE HOSPITAL 0 .00 .000 .00 MENTALLY ILL .00 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 @NURSING FACILITY .00 .00 .000 \$ .00 \$ .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE LEV B-REHAB MD .00 .00 .000 .00 .00 0 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$ .00 \$ .00

ICF DDH	0	0		.00	)	.00	.000		.00		.00
ICF DD	0	0		.00	)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	)	.00	.000		.00		.00
@LABORATORY FACILITY	21	49	\$	1,107.51	. \$	22.60	1.114	\$	52.74	\$	25.17
PATHOLOGY	21	49		1,107.51		22.60	1.114		52.74		25.17
XO AND OTHERS	0	0		.00	)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	45	\$	2,270.95	\$	50.47	1.023	\$	113.55	\$	51.61
CLINIC	14	38		1,034.81		27.23	.864		73.92		23.52
SURGICENTER	0	0		.00	)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	)	.00	.000		.00		.00
RURAL HEALTH CLINIC	7	7		1,236.14		176.59	.159		176.59		28.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-	TNAMYAG-AC	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 6,112
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PART	UM PROGRAM		AID CODE	E 76				
							T.		TIT 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE	

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 44 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2 128.08 64.04 .045 \$ 128.08 Ś 2.91 DURABLE MED. EQUIP. .00 .00 .000 .00 0 0 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 128.08 64.04 .045 128.08 2.91 AMBULANCES/AIR TRANS 128.08 64.04 .045 128.08 2.91 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS .000 489.39 69.91 489.39 11.12 @CALIF. CHILDREN SERVICES\* \$ .159 \$ \$ .00 \$ .00 .000 .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\*

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,113

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

						MON	NTHLY AVERA	GE	
4,579 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST		COST PER	COST PE	IR.
•		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBI	ĿΕ
@TOTAL, ALL PROVIDERS	3,107	25 <b>,</b> 945	\$	2,029,901.43	\$ 78.24	5.666	\$ 653.33	\$ 443.3	31
@PHYSICIANS SERVICES	1,093	3,407	\$	247,789.15	\$ 72.73	.744	\$ 226.71	\$ 54.1	1
OUTPATIENT VISITS	354	454		21,051.01	46.37	.099	59.47	4.6	50
OFFICE VISITS	119	162		6,118.50	37.77	.035	51.42	1.3	34
HOME VISITS	0	0		.00	.00	.000	.00	. 0	0 (
EMERGENCY ROOM	213	227		11,469.30	50.53	.050	53.85	2.5	i 0
PREVENTIVE CARE	0	0		.00	.00	.000	.00	. C	
OB VISITS/COMPRE PERI	23	61		3,373.24	55.30	.013	146.66	. 7	
OTHER OUTPATIENT	4	4		89.97	22.49	.001	22.49	. 0	)2
INPATIENT VISITS	77	302		26,422.49	87.49	.066	343.15	5.7	17
HOSPITAL VISITS	75	218		11,908.62	54.63	.048	158.78	2.6	50
CRITICAL CARE	8	84		14,513.87	172.78	.018	1814.23	3.1	7
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	. 0	0 (
OPHTHALMOLOGICAL SERVICES	16	21		874.97	41.67	.005	54.69	.1	_9
EXAMINATIONS	16	21		874.97	41.67	.005	54.69	.1	_9
SERVICES AND MATERIALS	Ō	0		.00	.00	.000	.00	. C	
INPATIENT HOSPITAL SURGERY	266	913		130,861.87	143.33	.199	491.96	28.5	
PRINCIPAL SURGEON	203	213		108,629.30	510.00	.047	535.12	23.7	12
ASSISTANT SURGEON	14	14		3,055.42	218.24	.003	218.24	. 6	57
ANESTHESIOLOGIST	70	686		19,177.15	27.96	.150	273.96	4.1	
OUTPATIENT SURGERY	172	329		13,626.01	41.42	.072	79.22	2.9	38
PRINCIPAL SURGEON	163	297		12,528.25	42.18	.065	76.86	2.7	
ASSISTANT SURGEON	1	1		139.88	139.88	.000	139.88	. 0	)3
ANESTHESIOLOGIST	9	31		957.88	30.90	.007	106.43	. 2	21
DIALYSIS	3	10		1,012.83	101.28	.002	337.61	. 2	
PATHOLOGY	21	35		230.67	6.59	.008	10.98	. 0	)5
RADIOLOGY	474	607		21,372.31	35.21	.133	45.09	4.6	57
PSYCHIATRY	0	0		.00	.00	.000	.00	. C	
IMMUNIZATION AND INJECTION	6	18		142.83	7.94	.004	23.81	. C	
OTHER SERVICES/ALL X-OVERS	228	718		32,194.16	44.84	.157	141.20	7.0	)3
@PHARMACY	940	2,230	\$	65,782.70	\$ 29.50	.487		\$ 14.3	37
PRESCRIPTION DRUGS	883	1,904		42,231.01	22.18	.416	47.83	9.2	22
SNF/ICF	2	, 2		2,499.86	1249.93	.000	1249.93	. 5	55
OUTPATIENTS	882	1,902		39,731.15	20.89	.415	45.05	8.6	
MEDICAL SUPPLIES	139	326		23,551.69	72.24	.071	169.44	5.1	. 4
@DENTIST	13	22	\$	298.75	\$ 13.58	.005	\$ 22.98	\$ .0	)7
VISITS - DIAGNOSTIC	11	15		168.75	11.25	.003	15.34	. 0	) 4
ORAL SURGERY	4	4		130.00	32.50	.001	32.50	.0	)3
DRUGS	0	0		.00	.00	.000	.00	.0	0 (
ANESTHESIA	0	0		.00	.00	.000	.00	.0	0 (
PERIODONTICS	1	1		.00	.00	.000	.00	. 0	0 (
ENDODONTICS	0	0		.00	.00	.000	.00	.0	0 (
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.0	0 (
PROSTHETICS	1	1		.00	.00	.000	.00	. 0	0 (
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	. C	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	. C	0 (
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	. 0	0 (
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	. C	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	. 0	0 (
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	. 0	0 (

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,114

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

MARIN COUNTY	SUMMARY OF SERV	ICES FOR 185%/60	-DAY I	PP AID CODES 4	44 4	/ 48 49 69	/6			~-	
4 550							M				
4,579 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S			COST PER
0.0000000000000000000000000000000000000		OR DAYS OF CARE		0.0		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ş		\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000		.00	_	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	146	252	\$	13,636.92	\$	54.11	.055			\$	2.98
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	11	166	\$	2,865.57	\$	17.26	.036	\$	260.51	\$	.63
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00		.00
@TOTAL HOSPITAL	673	2,622	\$	1,215,453.64	\$	463.56	.573	\$	1806.02	\$	265.44
HOSP INPATIENT TOTAL	244	839		1,161,274.72		1384.12	.183		4759.32		253.61
HSC HOSPITALS	226	780		1,090,363.67		1397.90	.170		4824.62		238.12
NON-HSC HOSPITAL TOTAL	18	59		70,911.05		1201.88	.013		3939.50		15.49
ACCOMMODATIONS	18	59		40,116.01		679.93	.013		2228.67		8.76
ADMINISTRATIVE DAYS	0	0		215.46CF	3	.00	.000		.00		.05CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	59		40,331.47		683.58	.013		2240.64		8.81
ANCILLARIES	17	0		30,795.04		.00	.000		1811.47		6.73
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	518	1,783		54,178.92		30.39	.389		104.59		11.83
MEDICAL	163	230		11,380.57		49.48	.050		69.82		2.49
SURGERY	85	172		5,615.88		32.65	.038		66.07		1.23
PATHOLOGY	189	705		7,215.83		10.24	.154		38.18		1.58
RADIOLOGY	173	199		14,774.76		74.25	.043		85.40		3.23
ROOM USE	184	224		10,449.04		46.65	.049		56.79		2.28
CROSSOVERS/ALL OTH OUTPTNT	162	253		4,742.84		18.75	.055		29.28		1.04
@COUNTY HOSPITAL TOTAL	10	93	\$	2,649.83	\$	28.49	.020	\$	264.98	\$	.58
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	93		2,649.83		28.49	.020		264.98		.58
MEDICAL	3	3		24.49		8.16	.001		8.16		.01
SURGERY	7	9		307.44		34.16	.002		43.92		.07
PATHOLOGY	8	39		800.68		20.53	.009		100.09		.17

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	17	1,219.53	71.74	.004	152.44	.27
CROSSOVERS/ALL OTH OUTPTNT	8	25	297.69	11.91	.005	37.21	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DE	C 2002	PAGE 6,115
MOP024	FEE-FOR-SERVICE/DENTA	ĄL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES E	FOR 185%/60-DAY	PP AID CODES 44 47	48 49 69 76			
					M∩N	TTHIY AVERAC	TE

					MON	THLY AVERA	GE -	
4,579 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	664	2 <b>,</b> 529 \$	1,212,803.81	\$ 479.56	.552 \$		\$	264.86
COMM HOSP INPATIENT TOTAL	244	839	1,161,274.72	1384.12	.183	4759.32		253.61
HSC HOSPITALS	226	780	1,090,363.67	1397.90	.170	4824.62		238.12
NON-HSC HOSPITALS TOTAL	18	59	70,911.05	1201.88	.013	3939.50		15.49
ACCOMMODATIONS	18	59	40,116.01	679.93	.013	2228.67		8.76
ADMINISTRATIVE DAYS	0	0	215.46CR	.00	.000	.00		.05CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	18	59	40,331.47	683.58	.013	2240.64		8.81
ANCILLARIES	17	0	30,795.04	.00	.000	1811.47		6.73
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	509	1,690	51,529.09	30.49	.369	101.24		11.25
MEDICAL	161	227	11,356.08	50.03	.050	70.53		2.48
SURGERY	78	163	5,308.44	32.57	.036	68.06		1.16
PATHOLOGY	181	666	6,415.15	9.63	.145	35.44		1.40
RADIOLOGY	173	199	14,774.76	74.25	.043	85.40		3.23
ROOM USE	176	207	9,229.51	44.59	.045	52.44		2.02
CROSSOVERS/ALL OTH OUTPINT	154	228	4,445.15	19.50	.050	28.86		.97
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	14	\$	234.51	\$	16.75	.003	\$	234.51	\$	.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	14		234.51		16.75	.003		234.51		.05
@LABORATORY FACILITY	961	2,712	\$	37,687.04	\$	13.90	.592	\$	39.22	\$	8.23
PATHOLOGY	961	2,712		37,687.04		13.90	.592		39.22		8.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,009	13,881	\$	427,659.70	\$	30.81	3.031	\$	212.87	\$	93.40
CLINIC	1,248	11,934		191,691.55		16.06	2.606		153.60		41.86
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	916	1,947		235,968.15		121.20	.425		257.61		51.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORI	FOR JAN	2002 THRU	DEC	2002	PF	AGE 6,116
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	S FOR 185%/6	0-DAY P	P AID CODES	44 47	48 49 69	76				

THINCH COOMIT	DOIMMIN OF DER	VICED TOR TOSO, OU DITT IT	TILD CODED	11 17 10 13 03	7 0		
					MON	THLY AVERA	GE
4,579 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	177	639 \$	18,493.45	\$ 28.94	.140 \$		\$ 4.04
DURABLE MED. EQUIP.	11	18	959.28	53.29	.004	87.21	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	266	3,385.86	12.73	.058	153.90	.74
AMBULANCES/AIR TRANS	22	266	3,385.86	12.73	.058	153.90	.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	135	136	12,673.00	93.18	.030	93.87	2.77
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	19	1,370.55	72.13	.004	152.28	.30
PROSTHETICS	9	19	1,370.55	72.13	.004	152.28	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	200	104.76	.52	.044	104.76	.02
@CALIF. CHILDREN SERVICES*	55	633	\$ 250,022.54	\$ 394.98	.138	\$ 4545.86	\$ 54.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,117 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----497 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 106,906.63 312.59 \$ 215.10 @TOTAL, ALL PROVIDERS 342 2,169 \$ 49.29 4.364 \$ 58 151 2,001.25 13.25 .304 \$ 34.50 \$ @PHYSICIANS SERVICES 4.03 0 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .000 .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 EXAMINATIONS .00 . 00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 151 2,001.25 13.25 .304 34.50 4.03 @PHARMACY 287 1,066 60,756.30 \$ 56.99 2.145 \$ 211.69 \$ 122.25 PRESCRIPTION DRUGS 285 884 60,404.54 68.33 1.779 211.95 121.54 SNF/ICF 1 1.5 555.04 37.00 .030 555.04 1.12 285 869 1.748 210.00 59,849.50 68.87 120.42 OUTPATIENTS 182 MEDICAL SUPPLIES 6 351.76 1.93 .366 58.63 .71 46.35 .155 \$ 155.17 \$ @DENTIST 3,569.00 7.18 VISITS - DIAGNOSTIC 12 51 725.00 14.22 .103 60.42 1.46 90.00 45.00 .004 45.00 .18 ORAL SURGERY .00 .00 .000 . 00 .00 DRUGS 0 .00 .00 .00 .000 .00 ANESTHESIA 0 .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS 590.00 196.67 .006 295.00 1.19 15 RESTORATIVE DENTISTRY 1,254.00 83.60 .030 156.75 2.52 PROSTHETICS 60.00 30.00 .004 30.00 .12

DENTURES, STAYPLATES	2	4	850.00	212.50	.008	425.00	1.71
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DE	C 2002	PAGE 6,118
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES F	OR TITLE II	DISREGARD - AGED	AID CODE 1	6		

MARIN COUNTY	SUMMARY OF SERVI	CES FOR	TITLE I	I DISR	EGARD - AGED		AID CODE	16				
								M	ONT	HLY AVERA	GE	
497 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	4		4	\$	36.33	\$	9.08	.008	\$	9.08	\$	.07
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	4		4		36.33		9.08	.008		9.08		.07
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	42		192	\$	6,441.77	\$	33.55	.386	\$	153.38	\$	12.96
HOSP INPATIENT TOTAL	3		9		2,141.27		237.92	.018		713.76		4.31
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3		9		2,141.27		237.92	.018		713.76		4.31
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	41		183		4,300.50		23.50	.368		104.89		8.65
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	•		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	41 0		183	Ċ	4,300.50	÷	23.50	.368	Ċ	104.89	Ċ	8.65
@COUNTY HOSPITAL TOTAL	•		0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0 0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00			.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000				
TRANSITIONAL IP CARE ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
WINCITHWITED	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000		.00		
MEDICAL	0		0				.00					.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	U		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			NDITU	JRES	MONTH-OF-PAYMENT	REPOR	RT FOR JAN 2	2002 THRU	DEC	2002	PI	AGE 6,119
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR T	ITLE	II D	ISREGARD - AGED		AID CODE	16				
								M	ГИО	THLY AVERA	GE -	
497 ELIGIBLES	USERS	UNITS OF S	ERVIC	CE	EXPENDITURES	/A	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS O	F CAF	RE		PE	ER UNIT/DAY	PER ELIG	+	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42		192	\$	6,441.77	\$	33.55	.386	\$	153.38	\$	12.96
COMM HOSP INPATIENT TOTAL	3		9		2,141.27		237.92	.018		713.76		4.31
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3		9		2,141.27		237.92	.018		713.76		4.31
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	41		183		4,300.50		23.50	.368		104.89		8.65
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00			.00		
PATHOLOGY	0		0					.000				.00
RADIOLOGY	•		-		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	41		183		4,300.50		23.50	.368		104.89		8.65
@STATE HOSPITAL	0		0	\$	.00		.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	1		14	\$	1,835.12		131.08	.028	\$	1835.12	\$	3.69
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	1		14		1,835.12		131.08	.028		1835.12		3.69
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
	<u> </u>						1 1 1	1111				

0

0 7

0

7

\$

\$

HEMODIALYSIS CENTER

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

@REHABILITATION FACILITY

INDEPENDENT FACILITY

.00

.00

.00

41.33 .00 41.33 .00

.00

.00

.00

5.90

.00

5.90

.000

.000

.000

.000

.014

.000 \$

.014 \$

.00

.00

.00

.00

10.33

10.33 \$

.00 \$

.00

.00

.00

.00

.08

.00

.08

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	13 0 2 0	17 0 2 0 15	\$	985.53 .00 410.66 .00 574.87	\$	57.97 .00 205.33 .00 38.32	.034 .000 .004 .000	\$ 75.81 .00 205.33 .00 52.26	\$	1.98 .00 .83 .00 1.16
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL	ES M	ONTH-OF-PAYMENT F	REPORT :	FOR JAN 2	2002 THRU	DEC 2002	P.	AGE 6,120 01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED	2	AID CODE	16			
							M	ONTHLY AVER	AGE	
497 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY			COST PER
		OR DAYS OF CARE				JNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	81	641	\$	31,240.00	\$	48.74	1.290	•	\$	62.86
DURABLE MED. EQUIP.	3	4		221.88		55.47	.008	73.96		.45
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	5	7		1,667.10	;	238.16	.014	333.42		3.35
MEDICAL TRANSPORTATION	3	14		157.69		11.26	.028	52.56		.32
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	2	10		45.70		4.57	.020	22.85		.09
OTHER SERVICES	1	4		111.99		28.00	.008	111.99		.23
ACUPUNCTURE	1	2		43.25		21.63	.004	43.25		.09
ADULT DAY HEALTH CARE CTR	10	211		13,832.73		65.56	.425	1383.27		27.83
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	37	151		11,661.47		77.23	.304	315.17		23.46
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	10	27		371.45		13.76	.054	37.15		.75
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	1	1		.65		.65	.002	.65		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00

HOSPICE SERVICES	2	26		2,723.76	104.76	.052	1361.8	3	5.48
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.0	)	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.0	)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.0	)	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.0	)	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.0	)	.00
ALL OTHER PROVIDERS	24	198		560.02	2.83	.398	23.3	3	1.13
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .0	) \$	.00
@XOVER EXCLUDING STATE HOSP**	113	426	\$	9,770.52	\$ 22.94	.857	\$ 86.4	6 \$	19.66
A+ MOMATO IN MURCE TIMES ADE CIVEN		TATEODATABLEON	TITINA ONT	37 -					

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,121
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY	SUMMARY OF SERV	ICES FOR	TITLE	ΙI	DISE	REGARD - BLIND	AID	CODES 26	6A				0=,=:, 00
									M	TNC	HLY AVERA	GΕ	
09 ELIGIBLES	USERS	UNITS OF	SERVIC	E		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	3	COST PER		COST PER
		OR DAYS	OF CAR	E			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	11		77	\$		3,063.17	\$	39.78	8.556	\$	278.47	\$	340.35
@PHYSICIANS SERVICES	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0			.00		.00	.000		.00		.00
OFFICE VISITS	0		0			.00		.00	.000		.00		.00
HOME VISITS	0		0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.00		.00	.000		.00		.00
INPATIENT VISITS	0		0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00		.00	.000		.00		.00
CRITICAL CARE	0		0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
DIALYSIS	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
PSYCHIATRY	0		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000		.00		.00
@PHARMACY	10		40	\$		2,294.27	\$	57.36	4.444	\$	229.43	\$	254.92
PRESCRIPTION DRUGS	10		40			2,294.27		57.36	4.444		229.43		254.92
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	10		40			2,294.27		57.36	4.444		229.43		254.92
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00		.00
@DENTIST	2		26	\$		646.00	\$	24.85	2.889	\$	323.00	\$	71.78
VISITS - DIAGNOSTIC	1		14			98.00		7.00	1.556		98.00		10.89
ORAL SURGERY	1		2			83.00		41.50	.222		83.00		9.22

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2		7		385.00		55.00	.778		192.50		42.78
PROSTHETICS	1		1		30.00		30.00	.111		30.00		3.33
DENTURES, STAYPLATES	1		1		50.00		50.00	.111		50.00		5.56
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0									
ORTHODONTIC SERVICES	U		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES					.00		.00	.111		.00	_	.00
#CALIF DEPT OF HEALTH SERV			PENDITU	RES M	IONTH-OF-PAYMENT RE	PORT F	OR JAN	2002 THRU	DEC	2002	Ρ.	AGE 6,122
MOP024	FEE-FOR-SERVICE							_				01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	TITLE :	II DI	SREGARD - BLIND	AID C	CODES 26					
								M				
09 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS	OF CAR	E		PER U	JNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	Υ	.00	Υ	.00	.000	۲	.00	7	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		-									
OTHER	0		0	Ċ	.00	ċ	.00	.000	ċ	.00	Ċ	.00
@HOME HEALTH AGENCY	0		0	ې د	.00	\$	.00	.000	\$	.00	Ş	.00
NURSE ANESTHESIST	U		0	Ş	.00	۶	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	U		0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	Ş	.00	\$	.00	.000	ş	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2		8	Ş	39.11	\$	4.89	.889	\$	19.56	\$	4.35
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		8		39.11		4.89	.889		19.56		4.35
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
	0		8				4.89	.889				4.35
CROSSOVERS/ALL OTH OUTPTNT	∠ _		8	ċ	39.11	ċ			ċ	19.56	Ċ	
@COUNTY HOSPITAL TOTAL	0		Ü	\$	.00	\$	.00	.000	Ş	.00	Ą	.00
CO HOSPITAL INPATIENT TOTAL	•		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ŭ					PAGE 6,123
MOP024	FEE-FOR-SERVICE/DEN		ONIH OF FAIMENT N	LIONI FOR UAN 2	EUUZ IIIKU DE	2002	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES		SREGARD - BLIND	AID CODES 26	6 A		01/11/03
PIARCIN COUNTI	SOPPART OF SERVICES	FOR TITLE IT DI	SKEGARD BEIND	AID CODES 20	MON'	THIY AVERA	GE
09 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0, 111011110		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8 \$	39.11	\$ 4.89	.889 \$		\$ 4.35
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Õ	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	39.11	4.89	.889	19.56	4.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	8	39.11	4.89	.889	19.56	4.35
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

0

0

0

0

0

\$

0

0

0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

.00

.00

.00

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	Ś	.00
PATHOLOGY	0	0	.00	.00	.000	.00	'	.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	3 \$	83.79		.333 \$		ċ	9.31
-	2			•	·		Ą	
CLINIC	U	0	.00	.00	.000	.00		.00
SURGICENTER	Ü	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	2	3	83.79	27.93		41.90		9.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	I 2002 THRU DE	C 2002	PA	GE 6,124
MOP024	FEE-FOR-SERVICE/	DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISH	REGARD - BLIND	AID CODES 2	6 6A			
					MON'	THLY AVERA	GE -	
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			Y PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$			
DUDABLE MED FOULD	0	0	.00	.00	.000	.00	۲	.00
DICOD DANK	0	0	.00	.00	.000	.00		.00
DLOOD DANK	0	0			.000	.00		
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	U		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	• 0 0		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0						
NONINST BIRTHING CENTERS		-	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00 \$ 4.89	.000 \$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	2	8 \$	39.11	\$ 4.89	.889 \$	19.56	\$	4.35
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION ITEM ON						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APP	ROPRIATE DETAIL LINES	ABOVE.					
** THESE DATA ARE INCLUDED I								
		S AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAG	GE 6,125
MOP024	FEE-FOR-SERVICE/		,					01/17/03
	CHANADA OF CERTA			TD GODEG 26 6				51/1//00

<sup>1,245</sup> ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

MARIN COUNTY

@TOTAL, ALL PROVIDERS	1,019	18,657	\$ 778,359.72	\$ 41.72	14.986	\$ 763.85	\$ 625.19
@PHYSICIANS SERVICES	139	241	\$ 4,055.16	\$ 16.83	.194	\$ 29.17	\$ 3.26
OUTPATIENT VISITS	1	1	28.13	28.13	.001	28.13	.02
OFFICE VISITS	1	1	28.13	28.13	.001	28.13	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.05
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.06	6.06	.001	6.06	.00
RADIOLOGY	1	1	16.39	16.39	.001	16.39	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	135	237	3,946.79	16.65	.190	29.24	3.17
@PHARMACY	898	11,010	\$ •	\$	8.843	\$ 720.32	\$ 519.56
PRESCRIPTION DRUGS	881	4,337	608,177.15	140.23	3.484	690.33	488.50

SNF/ICF	9	49	8,352.14	170.45	.039	928.02	6.71
OUTPATIENTS	875	4,288	599,825.01	139.88	3.444	685.51	481.79
MEDICAL SUPPLIES	75	6 <b>,</b> 673	38,674.57	5.80	5.360	515.66	31.06
@DENTIST	150	431 \$	22,532.75	\$ 52.28	.346	\$ 150.22	\$ 18.10
VISITS - DIAGNOSTIC	91	240	4,044.68	16.85	.193	44.45	3.25
ORAL SURGERY	24	44	2,317.00	52.66	.035	96.54	1.86
DRUGS	3	3	.00	.00	.002	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	1,055.00	175.83	.005	211.00	.85
ENDODONTICS	9	15	3,615.00	241.00	.012	401.67	2.90
RESTORATIVE DENTISTRY	48	109	9,713.00	89.11	.088	202.35	7.80
PROSTHETICS	2	2	80.00	40.00	.002	40.00	.06
DENTURES, STAYPLATES	6	10	1,610.00	161.00	.008	268.33	1.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.001	98.07	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 6,126
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

----- MONTHLY AVERAGE -----

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

1,245 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 27 633.90 23.48 .022 \$ 57.63 \$ .51 11 7 332.15 47.45 .006 47.45 .27 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 7 20 301.75 15.09 .016 43.11 .24 OTHER OPTOMETRIC SERVICES Ω .00 .00 .000 .00 .00 0 .00 @CHIROPRACTOR .00 .000 \$ .00 .00 VISITS 0 .00 .00 .000 .00 .00 0 .00 OTHER SERVICES .00 .000 .00 .00 91.23 @PODIATRIST 10.14 .007 \$ 13.03 \$ .07 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 9 91.23 10.14 .007 13.03 .07 OTHER .00 .00 .000 \$ .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 \$ .00 .000 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 @TOTAL HOSPITAL 105 517 20,744.90 40.13 .415 \$ 197.57 16.66 HOSP INPATIENT TOTAL 18 11,965.69 149.57 .064 664.76 9.61 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 ALL OTHER ACCOM .00 .00 .00 .00 .000 0 .00 ANCILLARIES .00 .00 .000 .00 80 11,965.69 149.57 664.76 INPATIENT CROSSOVERS .064 9.61 0 .00 .00 .00 ALL OTHER INPATIENT .000 .00 95 8,779.21 20.09 .351 92.41 7.05 HOSP OUTPATIENT TOTAL MEDICAL .00 .00 .002 .00 .00 SURGERY 103.57 51.79 .002 51.79 .08 PATHOLOGY 46.48 46.48 .001 46.48 .04

RADIOLOGY	1	1	44.69	44.69	.001	44.69	.04
ROOM USE	3	13	487.80	37.52	.010	162.60	.39
CROSSOVERS/ALL OTH OUTPTNT	89	418	8,096.67	19.37	.336	90.97	6.50
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 6,127
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MARIN COUNTY	CIIMMADV OF CEDVITCES	דר שדשום דד	DICREC - DICARIED AT	ID CODES 36 6	6 6C		

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

THICH COUNTY	DOILING OF DER	WIODO ION		II DIOI	ic biolibilib li	110 00	.228 30 00	MC	тис	HT.Y AVERA	GE.	
1,245 ELIGIBLES	USERS	UNITS OF	SERVICE	Ε	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER	-	COST PER
_,		OR DAYS					UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105		517	\$	20,744.90	\$	40.13	.415	\$	197.57	\$	16.66
COMM HOSP INPATIENT TOTAL	18		80		11,965.69	·	149.57	.064		664.76	Ċ	9.61
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	18		80		11,965.69		149.57	.064		664.76		9.61
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	95		437		8,779.21		20.09	.351		92.41		7.05
MEDICAL	2		2		.00		.00	.002		.00		.00
SURGERY	2		2		103.57		51.79	.002		51.79		.08
PATHOLOGY	1		1		46.48		46.48	.001		46.48		.04
RADIOLOGY	1		1		44.69		44.69	.001		44.69		.04
ROOM USE	3		13		487.80		37.52	.010		162.60		.39
CROSSOVERS/ALL OTH OUTPTNT	89		418		8,096.67		19.37	.336		90.97		6.50
@STATE HOSPITAL	1		2	\$	961.06	\$	480.53	.002	\$	961.06	\$	.77
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	1		2		961.06		480.53	.002		961.06		.77
@NURSING FACILITY	7		320	\$	36,243.01	\$	113.26	.257	\$	5177.57	\$	29.11
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	6		320		34,923.51		109.14	.257		5820.59		28.05
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	1		0		1,319.50		.00	.000		1319.50		1.06
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	3CR	\$	.00	\$	.00	.002C	R\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	3CR		.00		.00	.002C1	R	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	35	\$	474.09	\$	13.55	.028	\$	79.02	\$	.38
PATHOLOGY	6	35		474.09		13.55	.028		79.02		.38
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	71	125	\$	4,222.54	\$	33.78	.100	\$	59.47	\$	3.39
CLINIC	9	33		638.37		19.34	.027		70.93		.51
SURGICENTER	1	1		205.33		205.33	.001		205.33		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	62	91		3,378.84		37.13	.073		54.50		2.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P7	AGE 6,128
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

IIII(II( OCCIVII	DOIMMING OF DELIC	11000 1010 11100 11	DIDICEO	DIOLIDED LIL	000000000000000000000000000000000000000	00		
						MON	THLY AVERAGE	
1,245 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	184	5 <b>,</b> 943 \$		41,549.36	\$ 6.99	4.773 \$	225.81 \$	33.37
DURABLE MED. EQUIP.	6	16		749.71	46.86	.013	124.95	.60
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31	164		1,709.57	10.42	.132	55.15	1.37
AMBULANCES/AIR TRANS	2	15		284.03	18.94	.012	142.02	.23
OTHER TRANS	2	294CR		590.29CR	2.01	.236CR	295.15CR	.47CR
OTHER SERVICES	29	443		2,015.83	4.55	.356	69.51	1.62
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	358		23,896.43	66.75	.288	995.68	19.19
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	24	66		857.18	12.99	.053	35.72	.69
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	9		77.13	8.57	.007	77.13	.06
SPEECH AND AUDIOLOGY	46	180		6,880.65	38.23	.145	149.58	5.53
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	5 <b>,</b> 150		7,378.69	1.43	4.137	113.52	5.93
@CALIF. CHILDREN SERVICES*	0	0 \$		.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	260	2,724 \$		55,056.67	\$ 20.21	2.188 \$	211.76 \$	44.22
O+ MOMAIG TAL MUDGE ITAING ADD	CTITO 7 0 7 CDD 7 I	AME TAIDODMAMION IMP	NA ONTE SA					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,129

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

MARIN COUNTY	SUMMARY OF SERV	ICES FOR	TITLE II	I DISE	REGARD - FAMILIES	AID CODE	46			
							MON			
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$ .00	.000 \$		\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$ .00	.000 \$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		Ō		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		Ō		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		Ő		.00	.00	.000	.00		.00
PATHOLOGY	0		Ō		.00	.00	.000	.00		.00
RADIOLOGY	0		Ö		.00	.00	.000	.00		.00
PSYCHIATRY	0		Ö		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		Ő		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		0	\$	.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0		Ö	Τ	.00	.00	.000	.00	Τ.	.00
SNF/ICF	0		Ő		.00	.00	.000	.00		.00
OUTPATIENTS	0		Ö		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		Ő		.00	.00	.000	.00		.00
@DENTIST	0		0	\$	.00	\$ .00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0		Ö	٧	.00	.00	.000	.00	۲	.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
	0		0			.00				.00
ALL OTHER SERVICES	U		U		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,130 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

						M	ГИО	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	ITH-OF-PAYMENT RE	PORT FOR JAN .	ZUUZ THRU DEC	: 2002	PAGE 6,131
		/					
MOP024	FEE-FOR-SERVICE						01/17/03
MOP024 MARIN COUNTY		/DENTAL ICES FOR TITLE II DISR	EGARD - FAMILIES	AID CODE			01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR			MONT		01/17/03 GE
		ICES FOR TITLE II DISR UNITS OF SERVICE	EGARD - FAMILIES	AVERAGE COST	MONT UNITS/DAYS	COST PER	01/17/03 GE COST PER
MARIN COUNTY  00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	01/17/03  GE COST PER ELIGIBLE
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	01/17/03  GE COST PER ELIGIBLE \$ .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS  0 0 0 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	01/17/03  GE COST PER ELIGIBLE \$ .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS  0 0 0 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS  0 0 0 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS  0 0 0 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	ICES FOR TITLE II DISR  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	ICES FOR TITLE II DISR  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	ICES FOR TITLE II DISR  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	ICES FOR TITLE II DISR  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$  O  O  O  O  O  O  O  O  O  O  O  O  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$  O  O  O  O  O  O  O  O  O  O  O  O  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND EX	KPENDITUR	RES MONTH-OF-	PAYMENT REP	ORT	FOR JAN 2002	THRU	DEC 2	002	PAGE	6,132
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES		AID CODE 46					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 .00 DURABLE MED. EQUIP. 0 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .000 MEDICAL TRANSPORTATION .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OTHER TRANS .00 .00 .00 OTHER SERVICES .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00

01/17/03

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,133 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

					MONT	HLY AVERAG	E
1,751 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,372	20,903 \$	888,329.52	\$ 42.50	11.938 \$	647.47	
@PHYSICIANS SERVICES	197	392 \$	6,056.41	\$ 15.45	.224 \$	30.74	\$ 3.46
OUTPATIENT VISITS	1	1	28.13	28.13	.001	28.13	.02
OFFICE VISITS	1	1	28.13	28.13	.001	28.13	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.03
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.06	6.06	.001	6.06	.00
RADIOLOGY	1	1	16.39	16.39	.001	16.39	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	193	388	5,948.04	15.33	.222	30.82	3.40
@PHARMACY	1,195	12,116 \$		\$ 58.59	6.919 \$		\$ 405.43
PRESCRIPTION DRUGS	1,176	5,261	670,875.96	127.52	3.005	570.47	383.14
SNF/ICF	10	64	8,907.18	139.17	.037	890.72	5.09
OUTPATIENTS	1,170	5 <b>,</b> 197	661,968.78	127.38	2.968	565.79	378.05
MEDICAL SUPPLIES	81	6,855	39,026.33	5.69	3.915	481.81	22.29
@DENTIST	175	534 \$	•	\$ 50.09	.305 \$	152.84	
VISITS - DIAGNOSTIC	104	305	4,867.68	15.96	.174	46.80	2.78
ORAL SURGERY	27	48	2,490.00	51.88	.027	92.22	1.42
	3	3	2,490.00	.00	.027	.00	.00
DRUGS	0	0					
ANESTHESIA	-	•	.00	.00	.000	.00	.00
PERIODONTICS	5	6	1,055.00	175.83	.003	211.00	.60
ENDODONTICS	11	18	4,205.00	233.61	.010	382.27	2.40
RESTORATIVE DENTISTRY	58	131	11,352.00	86.66	.075	195.72	6.48
PROSTHETICS	5	5	170.00	34.00	.003	34.00	.10

DENTURES, STAYPLATES	9	15	2,510.00	167.33	.009	278.89	1.43
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.001	98.07	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,134
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD				

11111111 0001111	001111111111111111111111111111111111111	1020 1010		2101				MO	ONTI	HLY AVERA	GE	
1,751 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	11		27	\$	633.90	\$	23.48	.015	\$	57.63	\$	.36
DIAGNOSTIC AND ANC. PROCED	7		7		332.15		47.45	.004		47.45		.19
EYE APPLIANCES	7		20		301.75		15.09	.011		43.11		.17
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	11		13	\$	127.56	\$	9.81	.007	\$	11.60	\$	.07
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	11		13		127.56		9.81	.007		11.60		.07
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	149		717	\$	27,225.78	\$	37.97	.409		182.72	\$	15.55
HOSP INPATIENT TOTAL	21		89	•	14,106.96	·	158.51	.051		671.76	·	8.06
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	21		89		14,106.96		158.51	.051		671.76		8.06
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	138		628		13,118.82		20.89	.359		95.06		7.49
MEDICAL	2		2		.00		.00	.001		.00		.00
SURGERY	2		2		103.57		51.79	.001		51.79		.06
PATHOLOGY	1		1		46.48		46.48	.001		46.48		.03
RADIOLOGY	1		1		44.69		44.69	.001		44.69		.03
ROOM USE	3		13		487.80		37.52	.007		162.60		.28
CROSSOVERS/ALL OTH OUTPTNT	132		609		12,436.28		20.42	.348		94.21		7.10
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ō		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ō		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00	)	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	)	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	)	.00	.000		.00		.00
MEDICAL	0		0		.00	)	.00	.000		.00		.00
SURGERY	0		0		.00	)	.00	.000		.00		.00
PATHOLOGY	0		0		.00	)	.00	.000		.00		.00
RADIOLOGY	0		0		.00	)	.00	.000		.00		.00
ROOM USE	0		0		.00	)	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITURES	MONTH	-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	C 2002	PΑ	GE 6,135
MOP024	FEE-FOR-SERVICE/	DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR	TITLE II	DISREG.	ARD							
									TNOM	THLY AVERA	GE -	
1,751 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	S AVE	RAGE COST	UNITS/DA	YS.	COST PER	С	OST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELI	G	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	149		717 \$		27,225.78	\$	37.97	.409	\$	182.72	\$	15.55
COMM HOSP INPATIENT TOTAL	21		89		14,106.96	5	158.51	.051		671.76		8.06
HSC HOSPITALS	0		0		.00	)	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	)	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	)	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	)	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	)	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	)	.00	.000		.00		.00
ANCILLARIES	0		0		.00	)	.00	.000		.00		.00
INPATIENT CROSSOVERS	21		89		14,106.96	5	158.51	.051		671.76		8.06
ALL OTHER INPATIENT	0		0		.00	)	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	138		628		13,118.82	2	20.89	.359		95.06		7.49
MEDICAL	2		2		.00	)	.00	.001		.00		.00
SURGERY	2		2		103.57	7	51.79	.001		51.79		.06
PATHOLOGY	1		1		46.48	3	46.48	.001		46.48		.03
RADIOLOGY	1		1		44.69	9	44.69	.001		44.69		.03
ROOM USE	3		13		487.80	)	37.52	.007		162.60		.28

CROSSOVERS/ALL OTH OUTPINT	132	609		12,436.28		20.42	.348		94.21		7.10
@STATE HOSPITAL	1	2	\$	961.06	\$	480.53	.001	\$	961.06	\$	.55
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	1	2		961.06		480.53	.001		961.06		.55
@NURSING FACILITY	8	334	\$	38,078.13	\$	114.01	.191	\$	4759.77	\$	21.75
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	6	320		34,923.51		109.14	.183		5820.59		19.94
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	14		3,154.62		225.33	.008		1577.31		1.80
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	3CR	\$	.00	\$	.00	.002C	R\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	3CR		.00		.00	.002C	R	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	42	\$	515.42	\$	12.27	.024	\$	51.54	\$	.29
PATHOLOGY	6	35		474.09		13.55	.020		79.02		.27
XO AND OTHERS	4	7		41.33		5.90	.004		10.33		.02
@ORGANIZED OUTPATIENT CLINIC	86	145	\$	5,291.86	\$	36.50	.083	\$	61.53	\$	3.02
CLINIC	9	33		638.37		19.34	.019		70.93		.36
SURGICENTER	3	3		615.99		205.33	.002		205.33		.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	75	109		4,037.50		37.04	.062		53.83		2.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2002 THRU	DEC	2002	PI	AGE 6,136
MOP024	FEE-FOR-SERVICE,										01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	ISREGARD							
							M	INO.	THLY AVERA	GE -	
1,751 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COSI	UNITS/DAY	S	COST PER		COST PER

				MON'	IHLY AVERAGE	:
USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
265	6 <b>,</b> 584 \$	72 <b>,</b> 789.36	\$ 11.06	3.760 \$	274.68 \$	41.57
9	20	971.59	48.58	.011	107.95	.55
0	0	.00	.00	.000	.00	.00
5	7	1,667.10	238.16	.004	333.42	.95
34	178	1,867.26	10.49	.102	54.92	1.07
2	15	284.03	18.94	.009	142.02	.16
4	284CR	544.59CR	1.92	.162CR	136.15CR	.31CR
30	447	2,127.82	4.76	.255	70.93	1.22
1	2	43.25	21.63	.001	43.25	.02
34	569	37,729.16	66.31	.325	1109.68	21.55
0	0	.00	.00	.000	.00	.00
37	151	11,661.47	77.23	.086	315.17	6.66
0	0	.00	.00	.000	.00	.00
34	93	1,228.63	13.21	.053	36.14	.70
0	0	.00	.00	.000	.00	.00
1	1	.65	.65	.001	.65	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	9	77.13	8.57	.005	77.13	.04
46	180	6,880.65	38.23	.103	149.58	3.93
	265 9 0 5 34 2 4 30 1 34 0 37 0 34 0 1	OR DAYS OF CARE  265	OR DAYS OF CARE  265	OR DAYS OF CARE         PER UNIT/DAY           265         6,584         \$ 72,789.36         \$ 11.06           9         20         971.59         48.58           0         0         .00         .00           5         7         1,667.10         238.16           34         178         1,867.26         10.49           2         15         284.03         18.94           4         284CR         544.59CR         1.92           30         447         2,127.82         4.76           1         2         43.25         21.63           34         569         37,729.16         66.31           0         0         .00         .00           37         151         11,661.47         77.23           0         0         .00         .00           34         93         1,228.63         13.21           0         0         .00         .00           1         1         .65         .65           0         0         .00         .00           1         1         .65         .65           0         0         .00 <t< td=""><td>USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER UNIT/DAY         UNITS/DAYS           265         6,584         \$ 72,789.36         \$ 11.06         3.760         \$           9         20         971.59         48.58         .011           0         0         .00         .00         .000           5         7         1,667.10         238.16         .004           34         178         1,867.26         10.49         .102           2         15         284.03         18.94         .009           4         284CR         544.59CR         1.92         .162CR           30         447         2,127.82         4.76         .255           1         2         43.25         21.63         .001           34         569         37,729.16         66.31         .325           0         0         .00         .00         .00           37         151         11,661.47         77.23         .086           0         0         .00         .00         .00           34         93         1,228.63         13.21         .053</td><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           265         6,584         72,789.36         11.06         3.760         274.68         9           9         20         971.59         48.58         .011         107.95         0           0         0         .00         .00         .000         .000         .000           5         7         1,667.10         238.16         .004         333.42           34         178         1,867.26         10.49         .102         54.92           2         15         284.03         18.94         .009         142.02           4         284CR         544.59CR         1.92         .162CR         136.15CR           30         447         2,127.82         4.76         .255         70.93           1         2         43.25         21.63         .001         43.25           34         569         37,729.16         66.31         .325         1109.68           0         0         .00         .00         .00         .00           37         151         11,661.47         77.23         .086         315.17           0</td></t<>	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER UNIT/DAY         UNITS/DAYS           265         6,584         \$ 72,789.36         \$ 11.06         3.760         \$           9         20         971.59         48.58         .011           0         0         .00         .00         .000           5         7         1,667.10         238.16         .004           34         178         1,867.26         10.49         .102           2         15         284.03         18.94         .009           4         284CR         544.59CR         1.92         .162CR           30         447         2,127.82         4.76         .255           1         2         43.25         21.63         .001           34         569         37,729.16         66.31         .325           0         0         .00         .00         .00           37         151         11,661.47         77.23         .086           0         0         .00         .00         .00           34         93         1,228.63         13.21         .053	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           265         6,584         72,789.36         11.06         3.760         274.68         9           9         20         971.59         48.58         .011         107.95         0           0         0         .00         .00         .000         .000         .000           5         7         1,667.10         238.16         .004         333.42           34         178         1,867.26         10.49         .102         54.92           2         15         284.03         18.94         .009         142.02           4         284CR         544.59CR         1.92         .162CR         136.15CR           30         447         2,127.82         4.76         .255         70.93           1         2         43.25         21.63         .001         43.25           34         569         37,729.16         66.31         .325         1109.68           0         0         .00         .00         .00         .00           37         151         11,661.47         77.23         .086         315.17           0

HOSPICE SERVICES	2	26		2,723.76	104.76	.015	1361.88	1.56
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	5,348		7,938.71	1.48	3.054	89.20	4.53
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	375	3,158	\$	64,866.30	\$ 20.54	1.804	\$ 172.98	\$ 37.05
A+ MOMAIC IN MURCE IINEC ADE CIVEN		TATEODAGA ELLONI	TITINA ONT	37 -				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,137
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED ALD CODE 18

MARIN COUNTY	SUMMARY OF SER	JICES FOR IN HOME	SUE	PPORT - AGED		AID CODE					
							MO			GΕ	
918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAYS PER ELIG	(	COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	721	21,724	\$	401,940.71	\$	18.50	23.664	\$	557.48		437.84
@PHYSICIANS SERVICES	121	263	\$	4,936.65	\$		.286			\$	5.38
OUTPATIENT VISITS	19	23		741.63	·	32.24	.025		39.03	·	.81
OFFICE VISITS	18	22		633.55		28.80	.024		35.20		.69
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		108.08		108.08	.001		108.08		.12
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		86.25		86.25	.001		86.25		.09
HOSPITAL VISITS	1	1		86.25		86.25	.001		86.25		.09
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79		57.79	.001		57.79		.06
EXAMINATIONS	1	1		57.79		57.79	.001		57.79		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	3		9.72		3.24	.003		3.24		.01
RADIOLOGY	5	7		273.87		39.12	.008		54.77		.30
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		13.76		13.76	.001		13.76		.01
OTHER SERVICES/ALL X-OVERS	98	227		3,753.63		16.54	.247		38.30		4.09
@PHARMACY	551	13,222	\$	121,340.14	\$	9.18	14.403	\$	220.22	\$	132.18
PRESCRIPTION DRUGS	500	1,811		100,381.68		55.43	1.973		200.76		109.35
SNF/ICF	15	50		1,466.28		29.33	.054		97.75		1.60
OUTPATIENTS	489	1,761		98,915.40		56.17	1.918		202.28		107.75
MEDICAL SUPPLIES	184	11,411		20,958.46		1.84	12.430		113.90		22.83
@DENTIST	30	71	\$	2,797.00	\$	39.39	.077	\$	93.23	Ş	3.05
VISITS - DIAGNOSTIC	20	52		837.00		16.10	.057		41.85		.91
ORAL SURGERY	3	3		175.00		58.33	.003		58.33		.19

PRIIGO	0	0		0.0		0.0	000		0.0		0.0
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	7	9		585.00		65.00	.010		83.57		.64
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	7		1,200.00		171.43	.008		240.00		1.31
•	5	,		•							
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	SPORT	FOR JAN	2002 THRU	DEC	2002	Р	AGE 6,138
MOP024	FEE-FOR-SERVICE			31,111 01 111111111111111111111111	0111	2010 01111			2002	_	01/17/03
MARIN COUNTY		ICES FOR IN HOME	CIIDI	DODT - ACED		AID CODE	1 0				01/1//05
MAKIN COONII	SOMMANT OF SERV	ICES FOR IN HOME	5011	OKI AGED		AID CODE		ONTIT	III	CE	
010							M				
918 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4	16	\$	288.57	\$	18.04	.017	\$	72.14	\$	.31
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.002		47.45		.10
EYE APPLIANCES	3	12		191.92		15.99	.013		63.97		.21
OTHER OPTOMETRIC SERVICES	1	2		1.75		.88	.002		1.75		.00
@CHIROPRACTOR	0	0	\$	.00	Ś	.00	.000	¢	.00	Ġ	.00
VISITS	0	0	Υ	.00	۲	.00	.000	Υ	.00	7	.00
	0	•									
OTHER SERVICES	•	0		.00		.00	.000		.00		.00
@PODIATRIST	11	16	\$	134.92	\$	8.43	.017	Ş	12.27	\$	.15
MEDICINE/INJECTIONS	1	1		21.40		21.40	.001		21.40		.02
SURGERY/ANES.	1	1		13.00		13.00	.001		13.00		.01
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	10	14		100.52		7.18	.015		10.05		.11
@HOME HEALTH AGENCY	0	0	Ś	.00	Ś	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0	Ċ	.00	Ś	.00	.000	\$	.00	Ś	.00
NURSE MIDWIFE	0	0	Ċ	.00	ć	.00	.000	\$	.00	\$	.00
	•	0	ې د		٥						
PEDIATRIC NURSE PRACTITIONER	•	•	Þ	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	86	384	Ş	19,429.63	Ş	50.60		\$	225.93	\$	21.17
HOSP INPATIENT TOTAL	16	83		13,245.06		159.58	.090		827.82		14.43
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	· ·	•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	16	83		13,245.06		159.58	.090		827.82		14.43
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	75	301		6,184.57		20.55	.328		82.46		6.74
MEDICAL	4	6		250.13		41.69	.007		62.53		.27
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	8		119.24		14.91	.009		39.75		.13
RADIOLOGY	2	2		88.28		44.14	.002		44.14		.10
ROOM USE	1	1		.00		.00	.002		.00		.00
	68										
CROSSOVERS/ALL OTH OUTPTNT		284	_	5,726.92	_	20.17	.309	_	84.22		6.24
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
	MEDI-CAL SERVICES	•	EC MO						D	.00 AGE 6,139
			ES MOI	NTH-OF-PAIMENT RE	EPORT	FOR JAN 2	ZUUZ THRU D	£C 2002	P.	01/17/03
MOP024	FEE-FOR-SERVICE/D		CIIDD			AID CODE	1.0			01/1//03
MARIN COUNTY	SUMMARY OF SERVIC	ES FOR IN HOME	SUPPO	JRT - AGED		AID CODE		מתחוו א דווחוו	CE	
010 ELICIPIES	HOEDO	NITHO OF CEDITOR		EADENDIMIDEC	70 7 7 77	DACE COCE		NTHLY AVERA		
918 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
ACOMMINITAL HOODINAL HORAL	86	OR DAYS OF CARE 384	\$	19,429.63			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		83	Ş		\$		.418	•	Ş	21.17 14.43
COMM HOSP INPATIENT TOTAL	16 0	83 0		13,245.06		159.58	.090	827.82		
HSC HOSPITALS	0	•		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	•	-		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00 13,245.06		.00	.000	.00		.00
INPATIENT CROSSOVERS	16	83				159.58	.090	827.82		14.43
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	75	301		6,184.57		20.55	.328	82.46		6.74
MEDICAL	4	6		250.13		41.69	.007	62.53		.27
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	8		119.24		14.91	.009	39.75		.13
RADIOLOGY	2	2		88.28		44.14	.002	44.14		.10
ROOM USE	1	1		.00		.00	.001	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		284		5,726.92		20.17	.309	84.22		6.24
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$ .00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	21	402	\$	67 <b>,</b> 143.54	\$	167.02		\$ 3197.31	\$	73.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TELL D DECLITAD	2.1	100		C7 112 E1		1 (7 0)	120	2107 21		77 14

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

21

0

0

0

0

0

0

402

0

0

0

0

0

0

\$

\$

67,143.54

.00

.00

.00

.00

.00

.00

.00

\$

\$

167.02

.00

.00

.00

.00

.00

.00

.00

3197.31

.00

.00

.00

.00

.00

.00

.00 \$

\$

73.14

.00

.00

.00

.00

.00

.00

.00

.438

.000

.000

.000

.000

.000

.000 \$

.000 \$

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	5	48	\$	419.91	\$	8.75	.052	\$ 83.98	\$	.46
PATHOLOGY	5	48		419.91		8.75	.052	83.98		.46
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	21	\$	596.81	\$	28.42	.023	\$ 39.79	\$	.65
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	15	21		596.81		28.42	.023	39.79		.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU D	EC 2002	PAG	E 6,140
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - AGED		AID CODE	18			
							MO	NTHLY AVERA	GE	
918 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	363	7,281	\$	184,853.54	\$	25.39	7.931	\$ 509.24	\$	201.37
DURABLE MED. EQUIP.	10	14		576.70		41.19	.015	57.67		.63
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	7	11		1,613.45		146.68	.012	230.49		1.76
MEDICAL TRANSPORTATION	36	283		2,452.07		8.66	.308	68.11		2.67
AMBULANCES/AIR TRANS	2	13		253.81		19.52	.014	126.91		.28
OTHER TRANS	4	31		127.20		4.10	.034	31.80		.14
OTHER SERVICES	31	239		2,071.06		8.67	.260	66.81		2.26
ACUPUNCTURE	7	26		454.15		17.47	.028	64.88		.49
ADULT DAY HEALTH CARE CTR	106	1,377		92,004.04		66.81	1.500	867.96		100.22
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	184	1,219		78,665.27		64.53	1.328	427.53		85.69
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	15	40		514.46		12.86	.044	34.30		.56
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.002	45.98	.05
PROSTHETICS	1	2	45.98	22.99	.002	45.98	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	98.10	49.05	.002	98.10	.11
HOSPICE SERVICES	1	18	2,599.40	144.41	.020	2599.40	2.83
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	4,289	5 <b>,</b> 829.92	1.36	4.672	85.73	6.35
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	212	3,166	\$ 39,913.45	\$ 12.61	3.449	\$ 188.27	\$ 43.48

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,141
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

MARIN COUNTY	SUMMARY OF SER	VICES FOR IN HOME SUPP	ORT - BLIND	AID CODE	28		
					MON'	THLY AVERAGE	E
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	23 \$	105.32	\$ 4.58	1.917 \$	9.57	8.78
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	11	23 \$	105.32	\$ 4.58	1.917 \$	9.57	
PRESCRIPTION DRUGS	11	23	105.32	4.58	1.917	9.57	8.78

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	11	23		105.32	4.58	1.917	9.57	8.78
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	ES MONTH-O	F-PAYMENT REF	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,142
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	BLIND	AID CODE	28		

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$ .00 \$ .00 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω 0 .00 .00 .000 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES Ω .00 .00 . 00 .00 \$ @CHIROPRACTOR .00 .00 .000 \$ .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .000 .00 .00 \$ .00 .00 \$ @PODIATRIST .000 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 Ω .00 .000 .00 .00 OTHER .00 \$ .00 .000 \$ .00 \$ .00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$ .000 \$ \$ .00 \$ .000 \$ NURSE MIDWIFE .00 .00 .00 \$ .00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$ .00 0 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 Ś .00 .000 \$ @TOTAL HOSPITAL .00 .00 .00 \$ .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 MEDICAL .00 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00

.00

.00

.000

.00

.00

PATHOLOGY

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 20	002 THRU DEC	2002	PAGE 6,143
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	JPPORT - BLIND	AID CODE 2	28		
				_	MONTI	HLY AVERAGE	Ξ

							M	ON'I	HLY AVERA	GE	
12 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVERAG	E COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF C	ARE		PER UN	IT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	1	\$ .00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	1	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	1	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	1	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	1	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	1	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	1	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	1	.00		.00	.000		.00		.00
ANCILLARIES	0	0	1	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	1	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	1	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	1	.00		.00	.000		.00		.00
MEDICAL	0	0	1	.00		.00	.000		.00		.00
SURGERY	0	0	1	.00		.00	.000		.00		.00
PATHOLOGY	0	0	1	.00		.00	.000		.00		.00
RADIOLOGY	0	0	1	.00		.00	.000		.00		.00
ROOM USE	0	0	1	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	1	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	1	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	1	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	1	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	1	\$ .00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	1	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	1	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	1	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	1	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	1	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	1	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	1	\$ .00	\$	.00	.000	\$	.00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	ES MONTH-OF	F-PAYMENT F	REPORT	FOR JAN 20	02 THRU	DEC :	2002	PAGE	6,144
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	BLIND		AID CODE 2	8				
						-	M	ONTH:	LY AVERA	GE	

UNITS OF SERVICE 12 ELIGIBLES **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @ALL OTHER PROVIDERS 0 0 \$ .00 .000 \$ .00 \$ .00 DURABLE MED. EQUIP. .00 .000 0 0 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$ .00 .00 @CALIF. CHILDREN SERVICES\* .00 .000 \$ \$ .00 .00 \$ .00 .000 .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\*

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,145 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOI 024	LEE LOW SEKATO	יה/ האואח /הי					01/1//03
MARIN COUNTY	SUMMARY OF SER	VICES FOR IN HOME SU	PPORT - DISABLED	AID CODE	68		
					MON	ITHLY AVERA	GE
785 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	662	37 <b>,</b> 571 \$	615,563.23	\$ 16.38	47.861 \$	929.85	\$ 784.16
@PHYSICIANS SERVICES	122	456 \$	16,511.52	\$ 36.21	.581 \$	135.34	\$ 21.03
OUTPATIENT VISITS	25	40	1,660.05	41.50	.051	66.40	2.11
OFFICE VISITS	15	19	504.43	26.55	.024	33.63	.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	16	1,006.10	62.88	.020	111.79	1.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	149.52	29.90	.006	29.90	.19
INPATIENT VISITS	14	41	1,935.98	47.22	.052	138.28	2.47
HOSPITAL VISITS	14	39	1,800.68	46.17	.050	128.62	2.29
CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.15
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.001	13.70	.02
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	69	6,493.00	94.10	.088	721.44	8.27
PRINCIPAL SURGEON	7	9	4,211.81	467.98	.011	601.69	5.37
ASSISTANT SURGEON	1	2	450.48	225.24	.003	450.48	.57
ANESTHESIOLOGIST	4	58	1,830.71	31.56	.074	457.68	2.33
OUTPATIENT SURGERY	3	22	769.24	34.97	.028	256.41	.98
PRINCIPAL SURGEON	1	3	291.27	97.09	.004	291.27	.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	19	477.97	25.16	.024	238.99	.61
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	8	92.39	11.55	.010	13.20	.12

RADIOLOGY	18	62		1,656.32	2	6.71	.079		92.02		2.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	94	214		3,904.54	1	8.25	.273		41.54		4.97
@PHARMACY	576	24,964	\$	381,919.64	\$ 1	5.30	31.801	\$	663.05	\$	486.52
PRESCRIPTION DRUGS	551	2,698		356,652.38	13	2.19	3.437		647.28		454.33
SNF/ICF	33	299		92,859.28	31	0.57	.381		2813.92		118.29
OUTPATIENTS	526	2,399		263,793.10	10	9.96	3.056		501.51		336.04
MEDICAL SUPPLIES	183	22,266		25,267.26		1.13	28.364		138.07		32.19
@DENTIST	55	206	\$	10,441.75	\$ 5	0.69	.262	\$	189.85	\$	13.30
VISITS - DIAGNOSTIC	36	115		2,211.75	1	9.23	.146		61.44		2.82
ORAL SURGERY	5	12		759.00	6	3.25	.015		151.80		.97
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	4		800.00	20	0.00	.005		266.67		1.02
ENDODONTICS	2	2		520.00	26	0.00	.003		260.00		.66
RESTORATIVE DENTISTRY	26	65		5,196.00	7	9.94	.083		199.85		6.62
PROSTHETICS	1	1		50.00	5	0.00	.001		50.00		.06
DENTURES, STAYPLATES	3	4		755.00	18	8.75	.005		251.67		.96
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	2		150.00	7	5.00	.003		150.00		.19
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	) EXPENDITUR	RES MON	NTH-OF-PAYMENT RE	PORT FO	R JAN	2002 THRU I	DEC	2002	PP	GE 6,146
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									01/17/03

AID CODE 68

----- MONTHLY AVERAGE -----785 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3 79.53 .004 \$ 39.77 \$ 26.51 .10 47.45 47.45 47.45 DIAGNOSTIC AND ANC. PROCED 1 .001 .06 32.08 EYE APPLIANCES 32.08 16.04 .003 .04 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 .000 .00 Ω .00 .00 VISITS OTHER SERVICES .00 .00 .00 .00 .000 @PODIATRIST 11 24 393.96 16.42 .031 \$ 35.81 \$ .50 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 11 24 393.96 16.42 .031 35.81 .50 @HOME HEALTH AGENCY 13 913.51 \$ 70.27 .017 \$ 228.38 \$ 1.16 NURSE ANESTHESIST Ω .00 .00 .000 \$ .00 . 00 .00 .00 .000 \$ .00 NURSE MIDWIFE .00 .00 .00 0 .000 \$ \$ .00 PEDIATRIC NURSE PRACTITIONER 0 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 .00 105 @TOTAL HOSPITAL 656 109,812.87 \$ 167.40 .836 \$ 1045.84 \$ 139.89 HOSP INPATIENT TOTAL 200 95,878.36 479.39 .255 3687.63 122.14 11 55 1286.18 .070 6430.91 HSC HOSPITALS 70,740.00 90.11 NON-HSC HOSPITAL TOTAL 6 7,870.36 1311.73 .008 7870.36 10.03 205.65 1233.90 ACCOMMODATIONS 6 1,233.90 .008 1.57 205.65 1233.90 1,233.90 .008 1.57 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES 6,636.46 .00 .000 6636.46 8.45

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

MARIN COUNTY

	1.5	100		15 060 00	104 00	4.00	1151 00		00 00
INPATIENT CROSSOVERS	15	139		17,268.00	124.23	.177	1151.20		22.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	89	456		13,934.51	30.56	.581	156.57		17.75
MEDICAL	15	26		1,401.63	53.91	.033	93.44		1.79
SURGERY	4	4		116.04	29.01	.005	29.01		.15
PATHOLOGY	9	63		644.31	10.23	.080	71.59		.82
RADIOLOGY	18	35		5,048.68	144.25	.045	280.48		6.43
ROOM USE	18 18	26		1,188.02	45.69	.033	66.00		1.51
CROSSOVERS/ALL OTH OUTPINT	7.4	302		5,535.83	18.33	.385	74.81		7.05
@COUNTY HOSPITAL TOTAL	7		Ś		\$ 233.00		1165.02	Ś	10.39
CO HOSPITAL INPATIENT TOTAL	2	7	7	7,371.10	1053.01	.009	3685.55	т	9.39
HSC HOSPITALS	2	7		7,525.00	1075.00	.009	3762.50		9.59
NON-HSC HOSPITALS TOTAL	0	0		153.90CR		.009	.00		.20CR
	0	0		153.90CR 153.90CR		.000	.00		.20CR
ACCOMMODATIONS	0	0							
ADMINISTRATIVE DAYS				153.90CR		.000	.00		.20CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	5	28		784.05	28.00	.036	156.81		1.00
MEDICAL	0	1CR		22.39	22.39CR	.001CR	.00		.03
SURGERY	0	0		10.26	.00	.000	.00		.01
PATHOLOGY	3	11		137.87	12.53	.014	45.96		.18
RADIOLOGY	3 2	6		522.46	87.08	.008	261.23		.67
ROOM USE	1	0		64.74	.00	.000	64.74		.08
CROSSOVERS/ALL OTH OUTPTNT	3	12		26.33	2.19	.015	8.78		.03
· · · · · · · · · · · · · · ·			a Montmit					D.7	
	MEDI-CAL SERVICES		S MONTH-	OF-PAYMENT RE.	PORT FOR JAN 2	UUZ THRU DEC	2002	PA	GE 6,147
MOP024	FEE-FOR-SERVICE/DE								01/17/03
MARIN COUNTY	SUMMARY OF SERVICE	S FOR IN HOME	SUPPORT	- DISABLED	AID CODE				
						MONT			
785 ELIGIBLES		ITS OF SERVICE	E	EXPENDITURES	AVERAGE COST				OST PER
	C	R DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	100	621	\$	101,657.72	\$ 163.70	.791 \$	1016.58	\$	129.50
COMM HOSP INPATIENT TOTAL	24	193		88,507.26	458.59	.246	3687.80		112.75
HSC HOSPITALS	9	48		63,215.00	1316.98	.061	7023.89		80.53
NON-HSC HOSPITALS TOTAL	1	6		8,024.26	1337.38	.008	8024.26		10.22
ACCOMMODATIONS	_ 1	6 6 0 0		1,387.80	231.30	.008	1387.80		1.77
ADMINISTRATIVE DAYS	1	6		1,387.80	231.30	.008	1387.80		1.77
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
	1	0		6,636.46	.00	.000	6636.46		8.45
ANCILLARIES	15	U							
INPATIENT CROSSOVERS		139		17,268.00	124.23	.177	1151.20		22.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	86	428		13,150.46	30.73	.545	152.91		16.75
MEDICAL	15	27		1,379.24	51.08	.034	91.95		1.76
SURGERY	4	4		105.78	26.45	.005	26.45		.13
PATHOLOGY									
RADIOLOGY		52		506.44	9.74	.066	63.31		.65
1410101001		52 29		506.44 4,526.22	9.74 156.08	.066 .037	63.31 251.46		.65 5.77
ROOM USE									
	8 18	29		4,526.22	156.08	.037	251.46		5.77
ROOM USE	8 18 18	29 26 290	Ś	4,526.22 1,123.28	156.08 43.20	.037 .033	251.46 62.40	Ŝ	5.77 1.43

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

0

0

11

0

0

0

191

0

.00

.00

35,347.71 \$

.00

.00

.00

185.07

.00

.000

.000

.000

.00

.00

.243 \$ 3213.43 \$

.00

.00

.00

45.03

.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	11	191		35,347.71		185.07	.243	3213.43		45.03
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	1CR	\$	.00	\$	.00	.001CR\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	1CR		.00		.00	.001CR	.00		.00
@REHABILITATION FACILITY	10	46	\$	817.98	\$	17.78	.059 \$	81.80	\$	1.04
HOSPITAL BASED	1	1		93.54		93.54	.001	93.54		.12
INDEPENDENT FACILITY	9	45		724.44		16.10	.057	80.49		.92
@LABORATORY FACILITY	9	64	\$	368.21	\$	5.75	.082 \$	40.91	\$	.47
PATHOLOGY	9	64		368.21		5.75	.082	40.91		.47
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	32	52	\$	3,800.53	\$	73.09	.066 \$	118.77	\$	4.84
CLINIC	2	3		90.79		30.26	.004	45.40		.12
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	30	49		3 <b>,</b> 709.74		75.71	.062	123.66		4.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 200	)2 THRU DE	C 2002	PA	GE 6,148
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MADIN COUNTY	CLIMMYDA UE GEDMILGEG EUD	TN HOME	CIIDDODT	- DICABLED		VID CODE 68	2			

MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

THINKEIN COONTE	DOINGING OF DELL	VICED FOR IN HORE BOLLO	I(I DIOMDID	TITD CODE	0.0		
					MON	THLY AVERA	GE
785 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	232	10,897 \$	55,156.02	\$ 5.06	13.882 \$	237.74	\$ 70.26
DURABLE MED. EQUIP.	20	97	13,413.56	138.28	.124	670.68	17.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	42	413	3,864.63	9.36	.526	92.02	4.92
AMBULANCES/AIR TRANS	7	59	1,132.53	19.20	.075	161.79	1.44
OTHER TRANS	10	79	328.84	4.16	.101	32.88	.42
OTHER SERVICES	27	275	2,403.26	8.74	.350	89.01	3.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	278	18,605.71	66.93	.354	775.24	23.70
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	28	3,083.60	110.13	.036	280.33	3.93
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	22	222.54	10.12	.028	27.82	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	9	893.04	99.23	.011	223.26	1.14
PROSTHETICS	4	9	893.04	99.23	.011	223.26	1.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	61.46	15.37	.005	30.73	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	477	2 <b>,</b> 599.67	5.45	.608	185.69	3.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	139	9,569	12,411.81	1.30	12.190	89.29	15.81
@CALIF. CHILDREN SERVICES*	34	513	\$ 51,768.22	\$ 100.91	.654	\$ 1522.59	\$ 65.95
@XOVER EXCLUDING STATE HOSP**	294	12,843	\$ 55,013.04	\$ 4.28	16.361	\$ 187.12	\$ 70.08

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,149
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

FEE-FOR-SERVICE/ DENTIFE
SUMMARY OF SERVICES FOR IN HOME SUPPORT MARIN COUNTY ----- MONTHLY AVERAGE -----1,715 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 
 SNF/ICF
 48
 349
 94,325.56
 270.27
 .203
 1965.12
 55.00

 OUTPATIENTS
 1,026
 4,183
 362,813.82
 86.74
 2.439
 353.62
 211.55

 MEDICAL SUPPLIES
 367
 33,677
 46,225.72
 1.37
 19.637
 125.96
 26.95

 DENTIST
 85
 277
 \$ 13,238.75
 \$ 47.79
 .162
 \$ 155.75
 \$ 7.72

 VISITS - DIAGNOSTIC
 56
 167
 3,048.75
 18.26
 .097
 54.44
 1.78

 ORAL SURGERY
 8
 15
 934.00
 62.27
 .009
 116.75
 .54

 DRUGS
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00

 ANESTHESIA
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .00
 .0 MEDICAL SUPPLIES @DENTIST

DENTURES, STAYPLATES	8		11		1,955.00		177.73	.006		244.38		1.14
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1		2		150.00		75.00	.001		150.00		.09
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1		1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITUR	ES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU D	EC	2002	Ρź	AGE 6,150
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUE	PPORT							
								MO	NTH	ILY AVERA	GE ·	
1,715 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	С	COST PER	(	COST PER
,		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@OPTOMETRIST	6		19	\$	368.10	\$	19.37	.011	\$	61.35	\$	.21
DIAGNOSTIC AND ANC. PROCED	3		3		142.35	•	47.45	.002		47.45		.08
EYE APPLIANCES	4		14		224.00		16.00	.008		56.00		.13
OTHER OPTOMETRIC SERVICES	1		2		1.75		.88	.001		1.75		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00	•	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	22		40	\$	528.88	\$	13.22	.023	\$	24.04	\$	.31
MEDICINE/INJECTIONS	1		1		21.40	•	21.40	.001		21.40		.01
SURGERY/ANES.	1		1		13.00		13.00	.001		13.00		.01
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	21		38		494.48		13.01	.022		23.55		.29
@HOME HEALTH AGENCY	4		13	\$	913.51	\$	70.27	.008	\$	228.38	\$	.53
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	191		1,040	\$	129,242.50	\$	124.27	.606	\$	676.66	\$	75.36
HOCD INDAMIENM MOMAI	12		່າວາ		100 122 42	•	305 60	165		2500 10		62 62

283

55

42

11

HSC HOSPITALS

HOSP INPATIENT TOTAL

129,242.50 \$ 124.27 109,123.42 385.60 70,740.00 1286.18

63.63

41.25

2598.18

6430.91

.165

.032

NON-HSC HOSPITAL TOTAL	1	6	7,870.36	1311.73	.003	7870.36		4.59
ACCOMMODATIONS	1	6	1,233.90	205.65	.003	1233.90		.72
ADMINISTRATIVE DAYS	1	6	1,233.90	205.65	.003	1233.90		.72
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	1	0	6,636.46	.00	.000	6636.46		3.87
INPATIENT CROSSOVERS	31	222	30,513.06	137.45	.129	984.29	1	7.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	164	757	20,119.08	26.58	.441	122.68	1	1.73
MEDICAL	19	32	1,651.76	51.62	.019	86.93		.96
SURGERY	4	4	116.04	29.01	.002	29.01		.07
PATHOLOGY	12	71		10.75	.041	63.63		.45
RADIOLOGY	20	37	5,136.96	138.84	.022	256.85		3.00
ROOM USE	19	27	1,188.02	44.00	.016	62.53		.69
CROSSOVERS/ALL OTH OUTPINT	142	586	11,262.75	19.22	.342	79.32		6.57
@COUNTY HOSPITAL TOTAL	7	35 \$	8,155.15 \$	233.00	.020 \$	1165.02	\$	4.76
CO HOSPITAL INPATIENT TOTAL	2	7	7,371.10		.004	3685.55		4.30
HSC HOSPITALS	2	7	7,525.00	1075.00	.004	3762.50		4.39
NON-HSC HOSPITALS TOTAL	0	0	153.90CR	.00	.000	.00		.09CR
ACCOMMODATIONS	0	0	153.90CR	.00	.000	.00		.09CR
ADMINISTRATIVE DAYS	0	0	153.90CR	.00	.000	.00		.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000			.00
ALL OTHER ACCOM	0	0	.00	.00	.000			.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000			.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	5	28	784.05	28.00		156.81		.46
MEDICAL	0	1CR	22.39	22.39CF		.00		.01
SURGERY	0	0	10.26	.00	.000	.00		.01
PATHOLOGY	3	11		12.53		45.96		.08
RADIOLOGY	2	6	522.46	87.08	.003	261.23		.30
ROOM USE	1	0	64.74	.00	.000	64.74		.04
CROSSOVERS/ALL OTH OUTPTNT		12	26.33	2.19	.007	8.78		.02
#CALIF DEPT OF HEALTH SERV		KPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	_	6,151
	FEE-FOR-SERVICE/DENTAL						01	/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	IN HOME SUPPO	DRT					
					MONTH	ILY AVERAG	GE	

					11011	111111 11V 11V	.01
1,715 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	186	1,005 \$	121,087.35	\$ 120.48	.586 \$	651.01	\$ 70.60
COMM HOSP INPATIENT TOTAL	40	276	101,752.32	368.67	.161	2543.81	59.33
HSC HOSPITALS	9	48	63,215.00	1316.98	.028	7023.89	36.86
NON-HSC HOSPITALS TOTAL	1	6	8,024.26	1337.38	.003	8024.26	4.68
ACCOMMODATIONS	1	6	1,387.80	231.30	.003	1387.80	.81
ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.003	1387.80	.81
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	6,636.46	.00	.000	6636.46	3.87
INPATIENT CROSSOVERS	31	222	30,513.06	137.45	.129	984.29	17.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	161	729	19,335.03	26.52	.425	120.09	11.27
MEDICAL	19	33	1,629.37	49.37	.019	85.76	.95
SURGERY	4	4	105.78	26.45	.002	26.45	.06
PATHOLOGY	11	60	625.68	10.43	.035	56.88	.36
RADIOLOGY	20	31	4,614.50	148.85	.018	230.73	2.69
ROOM USE	19	27	1,123.28	41.60	.016	59.12	.65

CDOCCOTEDC/ALL OHU OUHDHNH	140	574		11 226 42		10 50	.335		80.26		6.55
CROSSOVERS/ALL OTH OUTPTNT			<u> </u>	11,236.42	<u> </u>	19.58		<u> </u>		<u> </u>	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32	593	\$	102,491.25	\$	172.84	.346	\$		\$	59.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	32	593		102,491.25		172.84	.346		3202.85		59.76
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	1CR	\$	.00	\$	.00	.001C	R\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	·	.00	.000		.00	·	.00
HEMODIALYSIS CENTER	0	1CR		.00		.00	.001C	R	.00		.00
@REHABILITATION FACILITY	10	46	\$	817.98	\$	17.78	.027		81.80	Ś	.48
HOSPITAL BASED	1	1		93.54		93.54	.001		93.54		.05
INDEPENDENT FACILITY	9	45		724.44		16.10	.026		80.49		.42
@LABORATORY FACILITY	14	112	\$	788.12	\$	7.04	.065	Ś	56.29	Ś	.46
PATHOLOGY	14	112	Τ.	788.12	Τ	7.04	.065	т	56.29	т	.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	47	73	\$	4,397.34	\$	60.24	.043	Ċ	93.56	Ċ	2.56
CLINIC CLINIC	2	3	Y	90.79	Y	30.26	.002	Y	45.40	Y	.05
SURGICENTER	2	0		.00		.00	.002		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	45	70		4,306.55		61.52	.041		95.70		2.51
			T C	•	T D O D I			DEC		ъ.	
#CALIF DEPT OF HEALTH SERV			(ES	MONTH-OF-PAYMENT F	KEPUK	T FOR JAN A	2002 THRU	DEC	. 2002	PF	AGE 6,152
MOPO24	FEE-FOR-SERVICE			IDDODE							01/17/03
MARIN COUNTY	SUMMARY OF SERVI	ICES FOR IN HOME	SU	PPORT				O 3 7 EF		<b>C</b> E	
1 515							M			-	
1,715 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	595	18,178	\$	240,009.56	\$	13.20	10.599	Ş	403.38	Ş	139.95
DURABLE MED. EQUIP.	30	111		13,990.26		126.04	.065		466.34		8.16
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	11		1,613.45		146.68	.006		230.49		.94
MEDICAL TRANSPORTATION	78	696		6 <b>,</b> 316.70		9.08	.406		80.98		3.68

					MON	NIHLY AVERA	JE
1,715 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	595	18,178 \$	240,009.56	\$ 13.20	10.599	403.38	\$ 139.95
DURABLE MED. EQUIP.	30	111	13,990.26	126.04	.065	466.34	8.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,613.45	146.68	.006	230.49	.94
MEDICAL TRANSPORTATION	78	696	6,316.70	9.08	.406	80.98	3.68
AMBULANCES/AIR TRANS	9	72	1,386.34	19.25	.042	154.04	.81
OTHER TRANS	14	110	456.04	4.15	.064	32.57	.27
OTHER SERVICES	58	514	4,474.32	8.70	.300	77.14	2.61
ACUPUNCTURE	7	26	454.15	17.47	.015	64.88	.26
ADULT DAY HEALTH CARE CTR	130	1,655	110,609.75	66.83	.965	850.84	64.50
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	195	1,247	81,748.87	65.56	.727	419.22	47.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	62	737.00	11.89	.036	32.04	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	11	939.02	85.37	.006	187.80	.55
PROSTHETICS	5	11	939.02	85.37	.006	187.80	.55
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	159.56	26.59	.003	53.19	.09
	0	0 6					

HOSPICE SERVICES	1	18	2,599.40	144.41	.010	2599.40	1.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	477	2,599.67	5.45	.278	185.69	1.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	207	13,858	18,241.73	1.32	8.080	88.12	10.64
@CALIF. CHILDREN SERVICES*	34	513	\$ 51,768.22	\$ 100.91	.299	\$ 1522.59	\$ 30.19
@XOVER EXCLUDING STATE HOSP**	506	16,009	\$ 94,926.49	\$ 5.93	9.335	\$ 187.60	\$ 55.35

0 \* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,153
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

MARIN COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED				
							NTHLY AVERA	
10,319 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
	7,277	209,489	\$	3,597,282.69	\$ 17.17	20.301		348.61
@PHYSICIANS SERVICES	1,308	3,569	\$	61,361.33	\$ 17.19	.346		\$
OUTPATIENT VISITS	107	134		4,908.94	36.63	.013		.48
OFFICE VISITS	89	105		3,451.67	32.87	.010	38.78	.33
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	16	17		1,120.25	65.90	.002	70.02	.11
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	11		302.72	27.52	.001	30.27	.03
INPATIENT VISITS	8	16		694.31	43.39	.002	86.79	.07
HOSPITAL VISITS	5	10		474.41	47.44	.001	94.88	.05
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	6		219.90	36.65	.001	73.30	.02
OPHTHALMOLOGICAL SERVICES	6	7		336.46	48.07	.001	56.08	.03
EXAMINATIONS	6	7		336.46	48.07	.001	56.08	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	13		2,697.31	207.49	.001	674.33	.26
PRINCIPAL SURGEON	2	2		2,403.94	1201.97	.000	1201.97	.23
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11		293.37	26.67	.001	146.69	.03
OUTPATIENT SURGERY	12	15		3,327.26	221.82	.001	277.27	.32
PRINCIPAL SURGEON	10	10		3,088.07	308.81	.001	308.81	.30
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.01
ANESTHESIOLOGIST	1	4		131.97	32.99	.000	131.97	.01
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	23		230.70	10.03	.002	32.96	.02
RADIOLOGY	29	39		1,117.48	28.65	.004	38.53	.11
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		26.86	8.95	.000	13.43	.00
OTHER SERVICES/ALL X-OVERS	1,190	3 <b>,</b> 319		48,022.01	14.47	.322	40.35	4.65
@PHARMACY	5 <b>,</b> 947	53 <b>,</b> 628	\$		\$ 26.05	5.197	\$ 234.90	\$ 135.38
PRESCRIPTION DRUGS	5,814	19 <b>,</b> 726		1,331,884.67	67.52	1.912	229.08	129.07
SNF/ICF	219	1,175		68,707.05	58.47	.114	313.73	6.66
OUTPATIENTS	5,616	18,551		1,263,177.62	68.09	1.798	224.92	122.41
MEDICAL SUPPLIES	625	33,902		65,052.55	1.92	3.285	104.08	6.30
@DENTIST	597	1,873	\$	91,963.25	\$ 49.10	.182	\$ 154.04	\$ 8.91
VISITS - DIAGNOSTIC	382	1,167		17,732.25	15.19	.113	46.42	1.72
ORAL SURGERY	62	94		3,888.50	41.37	.009	62.72	.38

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	22	22		3,470.00		157.73	.002		157.73		.34
ENDODONTICS	37	44		9,519.00		216.34	.004		257.27		.92
RESTORATIVE DENTISTRY	162	309		31,674.00		102.50	.030		195.52		3.07
PROSTHETICS	4	4		120.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	103	232		25,480.00		109.83	.022		247.38		2.47
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	1		79.50		79.50	.000		39.75		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT			2002 THRU	DEC		Р	AGE 6,154
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASS	ISTANCE - AGED							
							M	TNC	HLY AVERA	GE	
10,319 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	47	127	\$	2,812.08	\$		.012	\$	59.83	\$	.27
DIAGNOSTIC AND ANC. PROCED	18	20		837.50		41.88	.002		46.53		.08
EYE APPLIANCES	31	100		1,707.37		17.07	.010		55.08		.17
OTHER OPTOMETRIC SERVICES	8	7		267.21		38.17	.001		33.40		.03
@CHIROPRACTOR	1	3	\$	7.44	\$	2.48	.000	\$	7.44	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	3		7.44		2.48	.000		7.44		.00
@PODIATRIST	98	148	\$	1,351.76	\$	9.13	.014	\$	13.79	\$	.13
MEDICINE/INJECTIONS	7	10		252.80		25.28	.001		36.11		.02
SURGERY/ANES.	2	2		20.00		10.00	.000		10.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	91	134		1,044.36		7.79	.013		11.48		.10
@HOME HEALTH AGENCY	4	10	\$	621.24		62.12	.001		155.31		.06
NURSE ANESTHESIST	0	0	\$	.00		.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00		.00	.000			\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00		.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	6	16	\$	122.92		7.68	.002			\$	.01
@TOTAL HOSPITAL	935	4,209	\$	327,876.21		77.90	.408	\$	350.67	\$	31.77
HOSP INPATIENT TOTAL	103	604		232,634.36		385.16	.059		2258.59		22.54
HSC HOSPITALS	39	144		159,595.20		1108.30	.014		4092.18		15.47
NON-HSC HOSPITAL TOTAL	6	16		18,998.38		1187.40	.002		3166.40		1.84
ACCOMMODATIONS	6	16		6,488.21		405.51	.002		1081.37		.63
ADMINISTRATIVE DAYS	3	11		1,979.97		180.00	.001		659.99		.19
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	5		4,508.24		901.65	.000		1502.75		. 44
							000				

12,510.17

54,040.78

95,241.85

3,925.19

1,584.76

2,152.65

3,500.83

83,393.33

2,448.05

2,220.99

2,220.99

685.09

.00

.00

121.71

.00

26.42

46.73

62.28

11.65

65.23

42.69

25.59

188.31

444.20

444.20

.000

.043

.000

.349

.008

.001

.013

.003

.008

.316

.000

.000

.001 \$

2085.03

885.91

110.75

.00

76.96

97.87

51.12

79.73

72.93

612.01 \$

107.05

2220.99

2220.99

1.21

5.24

9.23

.00

.38

.07

.15

.21

.34

.24

.22

.22

8.08

0

0

84

11

33

82

13

5

5

3,259

136

444

3,605

6

61

0

860

51

7

31

27

48

4

1

779

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	8	227.06	28.38	.001	75.69	.02
MEDICAL	2	2	85.73	42.87	.000	42.87	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	22.34	11.17	.000	22.34	.00
RADIOLOGY	2	_ 2	49.91	24.96	.000	24.96	.00
ROOM USE	2	2	69.08	34.54	.000	34.54	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT R	REPORT FOR JAN		C 2002	PAGE 6,155
MOP024	FEE-FOR-SERVICE/						01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIST	ANCE - AGED				
					MON	THLY AVERA	GE
10,319 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	931	4,196 \$	325,428.16	\$ 77.56	.407 \$	349.55	\$ 31.54
COMM HOSP INPATIENT TOTAL	102	599	230,413.37	384.66	.058	2258.95	22.33
HSC HOSPITALS	38	139	157,374.21	1132.19	.013	4141.43	15.25
NON-HSC HOSPITALS TOTAL	6	16	18,998.38	1187.40	.002	3166.40	1.84
ACCOMMODATIONS	0	± 0	±0 <b>,</b> 000.00	T T O / • 10			
ACCOMMODATIONS	6	16	6,488.21	405.51	.002	1081.37	.63
ACCOMMODATIONS ADMINISTRATIVE DAYS	6 3		•			1081.37 659.99	.63 .19
	6 3 0	16	6,488.21 1,979.97 .00	405.51	.002		
ADMINISTRATIVE DAYS	6 3 0 3	16 11	6,488.21 1,979.97	405.51 180.00	.002	659.99	.19
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	6 3 0 3 6	16 11 0	6,488.21 1,979.97 .00	405.51 180.00 .00	.002 .001 .000	659.99	.19
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	6 3 0 3 6 61	16 11 0	6,488.21 1,979.97 .00 4,508.24	405.51 180.00 .00 901.65	.002 .001 .000 .000	659.99 .00 1502.75	.19 .00 .44
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	6 3 0 3 6	16 11 0 5	6,488.21 1,979.97 .00 4,508.24 12,510.17	405.51 180.00 .00 901.65	.002 .001 .000 .000	659.99 .00 1502.75 2085.03	.19 .00 .44 1.21

COMM HOSP OUTPATIENT TOTAL	857	3 <b>,</b> 597		95,014.79		26.42	.349		110.87		9.21
MEDICAL	49	82		3,839.46		46.82	.008		78.36		.37
SURGERY	7	11		685.09		62.28	.001		97.87		.07
PATHOLOGY	30	134		1,562.42		11.66	.013		52.08		.15
RADIOLOGY	25	31		2,102.74		67.83	.003		84.11		.20
ROOM USE	46	80		3,431.75		42.90	.008		74.60		.33
CROSSOVERS/ALL OTH OUTPINT	779	3,259		83,393.33		25.59	.316		107.05		8.08
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	·	.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	237	6,325	\$	927,395.33	\$	146.62	.613	Ś	3913.06	Ś	89.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	106		58,633.90		553.15	.010		14658.48		5.68
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	233	6,219		868,761.43		139.69	.603		3728.59		84.19
@INTERMEDIATE CARE FACILDD	0	0,219	\$	.00	\$	.00		Ś	.00	Ś	.00
ICF DDH	0	0	¥	.00	Ψ	.00	.000	Υ.	.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	24	24	\$	13,437.51	\$	559.90	.002	Ċ	559.90	Ċ	1.30
HOSPITAL BASED	0	0	Y	.00	Y	.00	.002	Y	.00	Y	.00
HEMODIALYSIS CENTER	2.4	2.4		13,437.51		559.90	.002		559.90		1.30
@REHABILITATION FACILITY	1	2	\$	128.95	\$	64.48	.002	ċ		ċ	.01
HOSPITAL BASED	1	2	Ą	128.95	Ş	64.48	.000	Ą	128.95	Ş	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	47	181	Ś		Ċ			Ċ		ċ	.18
@LABORATORY FACILITY	36		Ş	1,898.70	\$		.018	Þ	40.40	Ş	
PATHOLOGY		166		1,696.47		10.22	.016		47.12		.16
XO AND OTHERS	11	15		202.23	_	13.48	.001		18.38		.02
@ORGANIZED OUTPATIENT CLINIC	532	816	\$	33,769.15	\$	41.38	.079	Ş	63.48	Ş	3.27
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	11	14		2,448.11		174.87	.001		222.56		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	522	802		31,321.04		39.05	.078		60.00		3.04
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RE	EPORT	r for Jan 2	2002 THRU	DEC	2002	P.	AGE 6,156
MOP024	FEE-FOR-SERVICE/										01/17/03
MARIN COUNTY	SUMMARY OF SERVI	ICES FOR PUBLIC	ASSI	ISTANCE - AGED							
							M			-	
10,319 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE

PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @ALL OTHER PROVIDERS 1,735 138,558 737,599.60 5.32 13.427 \$ 425.13 \$ 71.48 72.27 DURABLE MED. EQUIP. 46 66 4,769.60 .006 103.69 .46 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 16,837.89 HEARING AID DISPENSERS 80 113 149.01 .011 210.47 1.63 MEDICAL TRANSPORTATION 160 1,407 12,486.66 8.87 .136 78.04 1.21 AMBULANCES/AIR TRANS 12 81 1,668.38 20.60 .008 139.03 .16 17 181 3.48 .018 37.04 .06 OTHER TRANS 629.62 8.90 OTHER SERVICES 134 1,145 10,188.66 .111 76.03 .99 170 ACUPUNCTURE 49 3,038.49 17.87 .016 62.01 .29 ADULT DAY HEALTH CARE CTR 324 4,169 278,160.66 66.72 .404 858.52 26.96 0 0 .00 .00 .00 GENETIC DISEASE TESTING .00 .000 732 3,825 274,091.82 71.66 .371 26.56 374.44 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 207 607 8,241.37 13.58 .80 OPTICIAN .059 39.81 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 .00

PORTABLE X-RAY	5	10	134.54	13.45	.001	26.91	.01
PROSTHETIST/ORTHOTISTS	21	46	1,959.46	42.60	.004	93.31	.19
PROSTHETICS	15	34	1,187.72	34.93	.003	79.18	.12
ORTHOTICS	7	12	771.74	64.31	.001	110.25	.07
PSYCHOLOGIST	4	6	104.69	17.45	.001	26.17	.01
SPEECH AND AUDIOLOGY	10	25	1,013.11	40.52	.002	101.31	.10
HOSPICE SERVICES	26	840	102,556.02	122.09	.081	3944.46	9.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	440	127,274	34,205.29	.27	12.334	77.74	3.31
@CALIF. CHILDREN SERVICES*	0	2CR	\$ 45.58CR \$	22.79	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2,186	26 <b>,</b> 909	\$ 292,360.11 \$	10.86	2.608	\$ 133.74	\$ 28.33

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,157
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MARIN COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	ISTANCE - BLIND					
							NTHLY AVERA		
949 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		T UNITS/DAYS			COST PER
		OR DAYS OF CARE			PER UNIT/DA	_	USER		CLIGIBLE
@TOTAL, ALL PROVIDERS	630	41,944	\$	718,271.65	\$ 17.12	44.198			756.87
@PHYSICIANS SERVICES	143	662	\$	22,645.19		.698		\$	23.86
OUTPATIENT VISITS	44	59		2,230.17	37.80	.062	50.69		2.35
OFFICE VISITS	24	30		897.22	29.91	.032	37.38		.95
HOME VISITS	5	6		186.70	31.12	.006	37.34		.20
EMERGENCY ROOM	18	20		1,080.58	54.03	.021	60.03		1.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	3	3		65.67	21.89	.003	21.89		.07
INPATIENT VISITS	18	153		7,242.07	47.33	.161	402.34		7.63
HOSPITAL VISITS	14	127		5 <b>,</b> 354.57	42.16	.134	382.47		5.64
CRITICAL CARE	4	13		1,392.70	107.13	.014	348.18		1.47
SNF/ICF/TRANS IP CARE	7	13		494.80	38.06	.014	70.69		.52
OPHTHALMOLOGICAL SERVICES	8	10		416.14	41.61	.011	52.02		.44
EXAMINATIONS	8	10		416.14	41.61	.011	52.02		.44
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	6	25		1,832.39	73.30	.026	305.40		1.93
PRINCIPAL SURGEON	5	10		1,432.74	143.27	.011	286.55		1.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	15		399.65	26.64	.016	399.65		.42
OUTPATIENT SURGERY	3	7		597.88	85.41	.007	199.29		.63
PRINCIPAL SURGEON	2	4		492.52	123.13	.004	246.26		.52
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	3		105.36	35.12	.003	105.36		.11
DIALYSIS	8	70		4,269.72	61.00	.074	533.72		4.50
PATHOLOGY	5	41		370.23	9.03	.043	74.05		.39
RADIOLOGY	18	66		1,593.14	24.14	.070	88.51		1.68
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		130.00	130.00	.001	130.00		.14
OTHER SERVICES/ALL X-OVERS	90	230		3,963.45	17.23	.242	44.04		4.18
@PHARMACY	536	11,925	\$	192,765.51		12.566		\$	203.12
PRESCRIPTION DRUGS	507	2,108	•	175,037.42	83.03	2.221	345.24	·	184.44

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	30	248	20,066.09	80.91	.261	668.87	21.14
OUTPATIENTS	480	1,860	154,971.33	83.32	1.960	322.86	163.30
MEDICAL SUPPLIES	105	9,817	17,728.09	1.81 1	0.345	168.84	18.68
@DENTIST	59	193 \$	7,831.50 \$	40.58	.203 \$	132.74	\$ 8.25
VISITS - DIAGNOSTIC	41	124	2,156.50	17.39	.131	52.60	2.27
ORAL SURGERY	7	11	391.00	35.55	.012	55.86	.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	800.00	200.00	.004	266.67	.84
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	20	50	4,264.00	85.28	.053	213.20	4.49
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	2	2	190.00	95.00	.002	95.00	.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for jan 2002	THRU DEC	2002	PAGE 6,158

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MAKIN COUNTI	SUMMAKI OF SEK	VICES FOR FUBLIC	ASSIS	STANCE - BLIND			M	$\cap$ NI	THLY AVERA	CF	
949 ELIGIBLES	USERS	UNITS OF SERVICE	c	EXPENDITURES	7\ \ 7	ERAGE COST			COST PER	.GE	COST PER
949 EDIGIDDES	05110	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14	32	\$	1,986.32	\$		.034		141.88	Ġ	2.09
DIAGNOSTIC AND ANC. PROCED	6	6	۲	365.23	٧	60.87	.006	Y	60.87	Y	.38
EYE APPLIANCES	8	20		1,406.88		70.34	.021		175.86		1.48
OTHER OPTOMETRIC SERVICES	5	6		214.21		35.70	.006		42.84		.23
@CHIROPRACTOR	0	0	Ś	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00	'	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	8	8	\$	76.07	\$	9.51	.008	\$	9.51	\$	.08
MEDICINE/INJECTIONS	2	2		61.20		30.60	.002		30.60		.06
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	6		14.87		2.48	.006		2.48		.02
@HOME HEALTH AGENCY	11	1,704	\$	50,388.32	\$	29.57	1.796	\$	4580.76	\$	53.10
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	108	615	\$	138,965.69	\$		.648	\$	1286.72	\$	146.43
HOSP INPATIENT TOTAL	19	175		130,607.53		746.33	.184		6874.08		137.63
HSC HOSPITALS	8	91		102,723.00		1128.82	.096		12840.38		108.24
NON-HSC HOSPITAL TOTAL	4	8		17 <b>,</b> 853.72		2231.72	.008		4463.43		18.81
ACCOMMODATIONS	4	8		7,764.35		970.54	.008		1941.09		8.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	8		7,764.35		970.54	.008		1941.09		8.18
ANCILLARIES	4	0		10,089.37		.00	.000		2522.34		10.63
INPATIENT CROSSOVERS	7	76		10,030.81		131.98	.080		1432.97		10.57
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	93	440		8,358.16		19.00	.464		89.87		8.81
MEDICAL	20	36		1,143.50		31.76	.038		57.18		1.20
SURGERY	3	3		133.16		44.39	.003		44.39		.14
PATHOLOGY	18	134		1,492.17		11.14	.141		82.90		1.57

RADIOLOGY	13	18		1,650.03		91.67	.019	126.93		1.74
ROOM USE	22	35		1,513.28		43.24	.037	68.79		1.59
CROSSOVERS/ALL OTH OUTPINT	71	214		2,426.02		11.34	.226	34.17		2.56
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE:	S MONTH-OF-	PAYMENT RE	EPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE	6,159
MOP024	FEE-FOR-SERVICE/DENTAL								01	/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE -	BLIND						

MAKIN COUNTI	SUMMARI OF SER	VICES FOR FUB	PITC AS	SISIANCE - DLIND					
								HLY AVERA	
949 ELIGIBLES	USERS	UNITS OF SER		EXPENDITURES			UNITS/DAY	COST PER	COST PER
		OR DAYS OF				UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	61	.5 \$	138,965.69		225.96	.648	\$ 1286.72	\$ 146.43
COMM HOSP INPATIENT TOTAL	19	17	5	130,607.53		746.33	.184	6874.08	137.63
HSC HOSPITALS	8	9	1	102,723.00	1	128.82	.096	12840.38	108.24
NON-HSC HOSPITALS TOTAL	4		8	17,853.72	2	231.72	.008	4463.43	18.81
ACCOMMODATIONS	4		8	7,764.35		970.54	.008	1941.09	8.18
ADMINISTRATIVE DAYS	0		0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	4		8	7,764.35		970.54	.008	1941.09	8.18
ANCILLARIES	4		0	10,089.37		.00	.000	2522.34	10.63
INPATIENT CROSSOVERS	7	7	6	10,030.81		131.98	.080	1432.97	10.57
ALL OTHER INPATIENT	0		0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	93	44	: 0	8,358.16		19.00	.464	89.87	8.81
MEDICAL	20	3	6	1,143.50		31.76	.038	57.18	1.20
SURGERY	3		3	133.16		44.39	.003	44.39	.14
PATHOLOGY	18	13		1,492.17		11.14	.141	82.90	1.57
RADIOLOGY	13	1		1,650.03		91.67	.019	126.93	1.74
ROOM USE	22	3	5	1,513.28		43.24	.037	68.79	1.59
CROSSOVERS/ALL OTH OUTPTNT	71	21	. 4	2,426.02		11.34	.226	34.17	2.56
@STATE HOSPITAL	0		0 \$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00		.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00		.00	.000	.00	.00
@NURSING FACILITY	22	74	6 \$	99,581.42	\$	133.49	.786	\$ 4526.43	\$ 104.93
LEV A-INTERMEDIATE	0		0	.00		.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00		.00	.000	.00	.00
LEV B-REGULAR	22	74		99,581.42		133.49	.786	4526.43	104.93
@INTERMEDIATE CARE FACILDD	12	38	5 \$	57,430.45	\$	149.17	.406	\$ 4785.87	\$ 60.52

ICF DDH	12	385		57,430.45		149.17	.406		4785.87		60.52
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15	665	\$	16,045.33	\$	24.13	.701	\$	1069.69	Ś	16.91
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	Τ.	.00
HEMODIALYSIS CENTER	15	665		16,045.33		24.13	.701		1069.69		16.91
@REHABILITATION FACILITY	3	4	\$	84.76	\$	21.19		\$		Ś	.09
HOSPITAL BASED	0	0	- T	.00	-	.00	.000	-	.00	т.	.00
INDEPENDENT FACILITY	3	4		84.76		21.19	.004		28.25		.09
@LABORATORY FACILITY	28	282	Ś	4,037.28	\$		.297	Ś	144.19	Ś	4.25
PATHOLOGY	28	282		4,037.28		14.32	.297		144.19		4.25
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	42	74	\$	2,670.76	\$		.078	\$	63.59	\$	2.81
CLINIC	15	33	·	827.65	·	25.08	.035	·	55.18		.87
SURGICENTER	1	1		183.35		183.35	.001		183.35		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	40		1,659.76		41.49	.042		63.84		1.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU 1	DEC	2002	P.	AGE 6,160
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							Mo	TNC	HLY AVERA	GE	
949 ELIGIBLES	USERS	UNITS OF SERVICE	$\Xi$	EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	$\Xi$		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	182	24,649	\$	123,763.05	\$	5.02	25.974	\$	680.02	\$	130.41
DURABLE MED. EQUIP.	6	25		6,731.54		269.26	.026		1121.92		7.09
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	9		1,062.57		118.06	.009		212.51		1.12
MEDICAL TRANSPORTATION	30	3,044		11,327.83		3.72	3.208		377.59		11.94
AMBULANCES/AIR TRANS	10	108		2,068.50		19.15	.114		206.85		2.18
OTHER TRANS	14	2,882		8,803.59		3.05	3.037		628.83		9.28
OTHER SERVICES	8	54		455.74		8.44	.057		56.97		.48
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	10	82	5,481.34	66.85	.086	548.13	5.78
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	63	1,900	67,165.25	35.35	2.002	1066.12	70.77
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	43	674.77	15.69	.045	67.48	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	52.54	26.27	.002	52.54	.06
PROSTHETICS	1	2	52.54	26.27	.002	52.54	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	98	3,654.42	37.29	.103	135.35	3.85
HOSPICE SERVICES	2	26	2,723.76	104.76	.027	1361.88	2.87
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,853	18,362.28	9.91	1.953	918.11	19.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	17,567	6 <b>,</b> 526.75	.37	18.511	135.97	6.88
@CALIF. CHILDREN SERVICES*	15	117	\$ 18,938.70	\$ 161.87	.123	\$ 1262.58	\$ 19.96
@XOVER EXCLUDING STATE HOSP**	165	1,083	\$ 22,804.20	\$ 21.06	1.141	\$ 138.21	\$ 24.03

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,161 01/17/03

MONIBULLY BUILDINGS

MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MC	NTHLY AVERA	GE
33,858 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25,103	881 <b>,</b> 918	\$	22,753,888.05	\$ 25.80	26.048	\$ 906.42	\$ 672.04
@PHYSICIANS SERVICES	6,457	19,176	\$	744,384.54	\$ 38.82	.566	\$ 115.28	\$ 21.99
OUTPATIENT VISITS	3,213	4,624		182,461.46	39.46	.137	56.79	5.39
OFFICE VISITS	2,058	2,868		93,612.22	32.64	.085	45.49	2.76
HOME VISITS	89	102		3,892.85	38.17	.003	43.74	.11
EMERGENCY ROOM	1,187	1,480		79,057.98	53.42	.044	66.60	2.33
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.000	60.48	.00
OTHER OUTPATIENT	151	173		5,837.93	33.75	.005	38.66	.17
INPATIENT VISITS	673	2,433		119,886.46	49.28	.072	178.14	3.54
HOSPITAL VISITS	472	1,961		89,239.80	45.51	.058	189.07	2.64
CRITICAL CARE	45	176		20,666.40	117.42	.005	459.25	.61
SNF/ICF/TRANS IP CARE	219	296		9,980.26	33.72	.009	45.57	.29
OPHTHALMOLOGICAL SERVICES	157	186		8,072.02	43.40	.005	51.41	.24
EXAMINATIONS	157	186		8,072.02	43.40	.005	51.41	.24
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	192	1,234		91,880.39	74.46	.036	478.54	2.71
PRINCIPAL SURGEON	134	219		66,184.31	302.21	.006	493.91	1.95
ASSISTANT SURGEON	9	10		1,445.58	144.56	.000	160.62	.04
ANESTHESIOLOGIST	71	1,005		24,250.50	24.13	.030	341.56	.72
OUTPATIENT SURGERY	450	1,208		73,840.02	61.13	.036	164.09	2.18
PRINCIPAL SURGEON	367	458		58,133.76	126.93	.014	158.40	1.72
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	97	750		15,706.26	20.94	.022	161.92	.46
DIALYSIS	14	92		4,942.20	53.72	.003	353.01	.15
PATHOLOGY	386	981		10,886.96	11.10	.029	28.20	.32

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1,258	2,287		93,495.87		40.88	.068		74.32		2.76
PSYCHIATRY	14	27		756.60		28.02	.001		54.04		.02
IMMUNIZATION AND INJECTION	106	279		38,002.84		136.21	.008		358.52		1.12
OTHER SERVICES/ALL X-OVERS	2,548	5 <b>,</b> 825		120,159.72		20.63	.172		47.16		3.55
@PHARMACY	20,855	176,742	\$	13,221,037.94	\$	74.80	5.220	\$	633.95	\$	390.48
PRESCRIPTION DRUGS	20,544	87 <b>,</b> 825		10,104,547.48		115.05	2.594		491.85		298.44
SNF/ICF	875	5 <b>,</b> 795		653,326.29		112.74	.171		746.66		19.30
OUTPATIENTS	19,807	82,030		9,451,221.19		115.22	2.423		477.17		279.14
MEDICAL SUPPLIES	1,640	88,917		3,116,490.46		35.05	2.626		1900.30		92.05
@DENTIST	2,715	9,188	\$	414,498.74	\$	45.11	.271	\$	152.67	\$	12.24
VISITS - DIAGNOSTIC	1,924	5 <b>,</b> 764		101,072.11		17.54	.170		52.53		2.99
ORAL SURGERY	276	621		30,668.54		49.39	.018		111.12		.91
DRUGS	14	18		93.75		5.21	.001		6.70		.00
ANESTHESIA	5	5		500.00		100.00	.000		100.00		.01
PERIODONTICS	163	247		41,146.25		166.58	.007		252.43		1.22
ENDODONTICS	112	142		28,523.50		200.87	.004		254.67		.84
RESTORATIVE DENTISTRY	854	1,908		159,313.50		83.50	.056		186.55		4.71
PROSTHETICS	45	56		2 <b>,</b> 570.00		45.89	.002		57.11		.08
DENTURES, STAYPLATES	164	376		48,903.02		130.06	.011		298.19		1.44
SPACE MAINTAINERS	1	1		200.00		200.00	.000		200.00		.01
MAXILLOFACIAL SERVICES	4	5		298.07		59.61	.000		74.52		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	7	8		1,135.00		141.88	.000		162.14		.03
ALL OTHER SERVICES	22	37		75.00		2.03	.001		3.41		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MO	ONTH-OF-PAYMENT REE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 6,162
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

INICIN COCKII	SOIMMIN OF SERV	VIOLO IOI	I ODDIO 1	1001011	nion bioinbhib			M	$\cap$ NTI	HLY AVERA	CE	
33,858 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Z 17 E	ERAGE COST			COST PER	LG LL	COST PER
33,030 EDIGIDAES	ODERO		OF CARE		EXTENDITORES		R UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	303	OIC DIIIO	758	\$	20,244.91	\$	26.71	.022		66.81	Ś	.60
DIAGNOSTIC AND ANC. PROCED	208		213	т	9,837.47	т	46.19	.006	7	47.30	-	.29
EYE APPLIANCES	159		521		8,910.85		17.10	.015		56.04		.26
OTHER OPTOMETRIC SERVICES	20		24		1,496.59		62.36	.001		74.83		.04
@CHIROPRACTOR	14		24	\$	387.90	\$	16.16	.001	Ś	27.71	Ś	.01
VISITS	13		23	•	384.56		16.72	.001		29.58	ď	.01
OTHER SERVICES	1		1		3.34		3.34	.000		3.34		.00
@PODIATRIST	341		482	\$	12,151.97	\$	25.21	.014	\$	35.64	\$	.36
MEDICINE/INJECTIONS	210		243		6,125.65	·	25.21	.007	Ċ	29.17		.18
SURGERY/ANES.	24		27		1,080.99		40.04	.001		45.04		.03
RADIO./PATHOLOGY	3		5		86.50		17.30	.000		28.83		.00
OTHER	139		207		4,858.83		23.47	.006		34.96		.14
@HOME HEALTH AGENCY	131		3 <b>,</b> 359	\$	95,579.70	\$	28.45	.099	\$	729.62	\$	2.82
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	2		15	\$	126.15	\$	8.41	.000	\$	63.08	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	7		24	\$	207.07	\$	8.63	.001	\$	29.58	\$	.01
@TOTAL HOSPITAL	4,250	2	4,027	\$	3,344,462.80	\$	139.20	.710	\$	786.93	\$	98.78
HOSP INPATIENT TOTAL	451		3 <b>,</b> 394		2,704,182.13		796.75	.100		5995.97		79.87
HSC HOSPITALS	258		1,606		2,187,544.63		1362.11	.047		8478.86		64.61
NON-HSC HOSPITAL TOTAL	52		246		334,162.97		1358.39	.007		6426.21		9.87
ACCOMMODATIONS	51		246		108,782.93		442.21	.007		2133.00		3.21
ADMINISTRATIVE DAYS	28		150		32,304.37		215.36	.004		1153.73		.95
TRANSITIONAL IP CARE	0		0		100.28		.00	.000		.00		.00
ALL OTHER ACCOM	24		96		76 <b>,</b> 378.28		795.61	.003		3182.43		2.26
ANCILLARIES	52		0		225,380.04		.00	.000		4334.23		6.66

INPATIENT CROSSOVERS	164	1,542		182,474.53	118.34	.046	1112.65	5.39
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,967	20,633		640,280.67	31.03	.609	161.40	18.91
MEDICAL	1,256	2,213		79,152.25	35.77	.065	63.02	2.34
SURGERY	283	351		29,770.22	84.82	.010	105.20	.88
PATHOLOGY	1,074	5 <b>,</b> 955		69,309.20	11.64	.176	64.53	2.05
RADIOLOGY	867	1,268		112,206.96	88.49	.037	129.42	3.31
ROOM USE	1,418	2,143		99,744.18	46.54	.063	70.34	2.95
CROSSOVERS/ALL OTH OUTPINT	2,170	8,703		250,097.86	28.74	.257	115.25	7.39
@COUNTY HOSPITAL TOTAL	81	393	\$	49,316.28	\$ 125.49	.012	\$ 608.84	\$ 1.46
CO HOSPITAL INPATIENT TOTAL	8	109		40,023.92	367.19	.003	5002.99	1.18
HSC HOSPITALS	5	27		31,795.00	1177.59	.001	6359.00	.94
NON-HSC HOSPITALS TOTAL	1	15		5,812.92	387.53	.000	5812.92	.17
ACCOMMODATIONS	1	15		3,621.48	241.43	.000	3621.48	.11
ADMINISTRATIVE DAYS	1	15		3 <b>,</b> 571.54	238.10	.000	3571.54	.11
TRANSITIONAL IP CARE	0	0		49.94	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		2,191.44	.00	.000	2191.44	.06
INPATIENT CROSSOVERS	3	67		2,416.00	36.06	.002	805.33	.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	74	284		9,292.36	32.72	.008	125.57	.27
MEDICAL	25	30		1,125.98	37.53	.001	45.04	.03
SURGERY	6	8		187.83	23.48	.000	31.31	.01
PATHOLOGY	27	102		1,595.76	15.64	.003	59.10	.05
RADIOLOGY	18	31		3,130.56	100.99	.001	173.92	.09
ROOM USE	48	55		2,470.89	44.93	.002	51.48	.07
CROSSOVERS/ALL OTH OUTPTNT	26	58		781.34	13.47	.002	30.05	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUE	RES M	IONTH-OF-PAYMENT REE	PORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 6,163
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	ASSI	STANCE - DISABLED				

----- MONTHLY AVERAGE -----33,858 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,295,146.52 @COMMUNITY HOSPITAL TOTAL 4,181 23,634 \$ 139.42 .698 \$ 788.12 \$ 97.32 COMM HOSP INPATIENT TOTAL 443 3,285 2,664,158.21 811.01 .097 6013.90 78.69 .047 253 1,579 2,155,749.63 1365.26 8520.75 63.67 HSC HOSPITALS 231 1421.43 .007 6438.24 NON-HSC HOSPITALS TOTAL 328,350.05 9.70 ACCOMMODATIONS 231 105,161.45 455.24 .007 2103.23 3.11 ADMINISTRATIVE DAYS 135 28,732.83 212.84 .004 1064.18 .85 TRANSITIONAL IP CARE 0 50.34 .00 .000 .00 .00 ALL OTHER ACCOM 24 96 76,378.28 795.61 .003 3182.43 2.26 ANCILLARIES 51 0 223,188.60 .00 .000 4376.25 6.59 INPATIENT CROSSOVERS 161 1,475 180,058.53 122.07 .044 1118.38 5.32 ALL OTHER INPATIENT Ω Ω .00 .00 .000 .00 .00 3,905 20,349 630,988.31 31.01 .601 161.58 COMM HOSP OUTPATIENT TOTAL 18.64 2,183 MEDICAL 1,233 78,026.27 35.74 .064 63.28 2.30 277 343 SURGERY 29,582.39 86.25 .010 106.80 .87 PATHOLOGY 1,049 5,853 67,713.44 11.57 .173 64.55 2.00 853 1,237 109,076.40 88.18 .037 127.87 3.22 RADIOLOGY ROOM USE 1,375 2,088 97,273.29 46.59 .062 70.74 2.87 2,147 8,645 249,316.52 28.84 .255 116.12 7.36 CROSSOVERS/ALL OTH OUTPTNT 3 42 .001 \$ 7620.09 @STATE HOSPITAL 22,860.26 544.29 . 68 0 .000 .00 .00 MENTALLY ILL .00 .00 DEVELOP. DISABLED 3 42 22,860.26 544.29 .001 7620.09 .68 @NURSING FACILITY 370 11,654 1,533,927.39 131.62 .344 \$ 4145.75 45.30 LEV A-INTERMEDIATE .00 .00 .00

LEV B-REHAB MD	96	3,936		468,991.83		119.15	.116		4885.33		13.85
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	275	7,718		1,064,935.56		137.98	.228		3872.49		31.45
@INTERMEDIATE CARE FACILDD	230	7,669	\$	1,141,865.34	\$	148.89	.227	\$	4964.63	\$	33.73
ICF DDH	230	7,669		1,141,865.34		148.89	.227		4964.63		33.73
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	110	1,112	\$	102,640.51	\$	92.30	.033	\$	933.10	\$	3.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	110	1,112		102,640.51		92.30	.033		933.10		3.03
@REHABILITATION FACILITY	86	730	\$	11,939.70	\$	16.36	.022	\$	138.83	\$	.35
HOSPITAL BASED	12	40		1,156.89		28.92	.001		96.41		.03
INDEPENDENT FACILITY	74	690		10,782.81		15.63	.020		145.71		.32
@LABORATORY FACILITY	2,274	13,441	\$	148,905.65	\$	11.08	.397	\$	65.48	\$	4.40
PATHOLOGY	2,243	13 <b>,</b> 385		145,466.40		10.87	.395		64.85		4.30
XO AND OTHERS	50	56		3,439.25		61.42	.002		68.79		.10
@ORGANIZED OUTPATIENT CLINIC	3,384	6 <b>,</b> 125	\$	471,068.77	\$	76.91		\$	139.20	\$	13.91
CLINIC	632	1,440		34,407.66		23.89	.043		54.44		1.02
SURGICENTER	12	24		2,008.65		83.69	.001		167.39		.06
HEROIN DETOX CLINIC	23	392		4,554.90		11.62	.012		198.04		.13
RURAL HEALTH CLINIC	2,823	4,269		430,097.56		100.75	.126		152.35		12.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 6,164
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

MARIN COUNTY

---- MONTHLY AVERAGE ----33,858 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,454 607,350 1,467,598.71 \$ 2.42 17.938 \$ 329.50 \$ 43.35 @ALL OTHER PROVIDERS 331 1,553 227,666.38 146.60 .046 687.81 6.72 DURABLE MED. EQUIP. 0 0 .000 BLOOD BANK .00 .00 .00 .00 7.5 98.55 HEARING AID DISPENSERS 147 14,486.85 .004 193.16 .43 744 15,838 8.40 178.71 MEDICAL TRANSPORTATION 132,961.33 .468 3.93 427 86,995.78 AMBULANCES/AIR TRANS 6,033 14.42 .178 203.74 2.57 66 5,815 15,004.29 2.58 .172 227.34 .44 OTHER TRANS 271 3,990 7.76 114.25 .91 OTHER SERVICES 30,961.26 .118 107 ACUPUNCTURE 302 5,302.43 17.56 .009 49.56 .16 337 3,471 ADULT DAY HEALTH CARE CTR 230,995.37 66.55 .103 685.45 6.82 GENETIC DISEASE TESTING 2 2 110.00 55.00 .000 55.00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 315 6,931 280,006.62 40.40 .205 888.91 8.27 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 565 1,652 20,675.23 12.52 .049 36.59 .61 PHYSICAL THERAPIST 6 4.6 780.51 16.97 .001 130.09 .02 38 774.02 20.37 .001 48.38 .02 PORTABLE X-RAY 31,377.85 .93 PROSTHETIST/ORTHOTISTS 242 129.66 .007 360.66 77 221 PROSTHETICS 29,950.57 135.52 .007 388.97 .88 21 .001 142.73 ORTHOTICS 1,427.28 67.97 .04 PSYCHOLOGIST 7 16 274.14 17.13 .000 39.16 .01 820 3,437 135,297.55 SPEECH AND AUDIOLOGY 39.37 .102 165.00 4.00 33 1,131 142,091.20 125.63 4305.79 4.20 HOSPICE SERVICES .033 .00 0 .00 .00 .000 .00 NONINST BIRTHING CENTERS 359 12,681 91,654.20 7.23 .375 255.30 2.71 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	1,151	559 <b>,</b> 863	153,145.03	.27	16.536	133.05	4.52
@CALIF. CHILDREN SERVICES*	323	5,285	\$ 2,059,290.24	\$ 389.65	.156	\$ 6375.51	\$ 60.82
@XOVER EXCLUDING STATE HOSP**	3,641	43,819	\$ 609,408.29	\$ 13.91	1.294	\$ 167.37	\$ 18.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,165
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MONTHLY AVERAGE				
						MO	NTHLY AVERA	GE	
20,137 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	8,894	55 <b>,</b> 608 \$	3	2,295,116.56	\$ 41.27	2.761	\$ 258.05	\$ 113.98	
@PHYSICIANS SERVICES	2,982	6 <b>,</b> 234 \$	3	265,021.81	\$ 42.51	.310	\$ 88.87	\$ 13.16	
OUTPATIENT VISITS	2,302	2 <b>,</b> 960		107,922.93	36.46	.147	46.88	5.36	
OFFICE VISITS	1,408	1,775		56,010.19	31.56	.088	39.78	2.78	
HOME VISITS	5	7		349.54	49.93	.000	69.91	.02	
EMERGENCY ROOM	976	1,099		47,763.69	43.46	.055	48.94	2.37	
PREVENTIVE CARE	9	9		423.49	47.05	.000	47.05	.02	
OB VISITS/COMPRE PERI	17	26		2,291.31	88.13	.001	134.78	.11	
OTHER OUTPATIENT	38	44		1,084.71	24.65	.002	28.55	.05	
INPATIENT VISITS	86	307		21,944.97	71.48	.015	255.17	1.09	
HOSPITAL VISITS	81	255		12 <b>,</b> 997.92	50.97	.013	160.47	.65	
CRITICAL CARE	11	52		8,947.05	172.06	.003	813.37	. 44	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	77	87		3,787.80	43.54	.004	49.19	.19	
EXAMINATIONS	77	87		3,787.80	43.54	.004	49.19	.19	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	107	600		59,658.41	99.43	.030	557.56	2.96	
PRINCIPAL SURGEON	76	88		47,302.93	537.53	.004	622.41	2.35	
ASSISTANT SURGEON	12	12		1,882.83	156.90	.001	156.90	.09	
ANESTHESIOLOGIST	40	500		10,472.65	20.95	.025	261.82	.52	

OUTPATIENT SURGERY	206	391			24,249.13		62.02	.019		117.71		1.20
PRINCIPAL SURGEON	185	223			20,043.87		89.88	.011		108.35		1.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	33	168			4,205.26		25.03	.008		127.43		.21
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	203	343			3,284.75		9.58	.017		16.18		.16
RADIOLOGY	582	778			26,575.04		34.16	.039		45.66		1.32
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	43	71			1,482.78		20.88	.004		34.48		.07
OTHER SERVICES/ALL X-OVERS	294	697			16,116.00		23.12	.035		54.82		.80
@PHARMACY	3 <b>,</b> 923	9,182	\$		484,630.37	\$	52.78	.456	\$	123.54	\$	24.07
PRESCRIPTION DRUGS	3,895	8,730			479,468.96		54.92	.434		123.10		23.81
SNF/ICF	34	52			36,403.08		700.06	.003		1070.68		1.81
OUTPATIENTS	3 <b>,</b> 875	8,678			443,065.88		51.06	.431		114.34		22.00
MEDICAL SUPPLIES	79	452			5,161.41		11.42	.022		65.33		.26
@DENTIST	1,337	4,914	\$		153,466.68	\$	31.23	.244	\$	114.78	\$	7.62
VISITS - DIAGNOSTIC	1,016	3,441			58,803.93		17.09	.171		57.88		2.92
ORAL SURGERY	144	216			11,856.00		54.89	.011		82.33		.59
DRUGS	28	33			788.00		23.88	.002		28.14		.04
ANESTHESIA	7	7			600.00		85.71	.000		85.71		.03
PERIODONTICS	22	22			3,375.00		153.41	.001		153.41		.17
ENDODONTICS	70	101			15,175.00		150.25	.005		216.79		.75
RESTORATIVE DENTISTRY	394	990			56,492.75		57.06	.049		143.38		2.81
PROSTHETICS	4	4			140.00		35.00	.000		35.00		.01
DENTURES, STAYPLATES	12	43			1,866.00		43.40	.002		155.50		.09
SPACE MAINTAINERS	2	2			120.00		60.00	.000		60.00		.01
MAXILLOFACIAL SERVICES	5	6			350.00		58.33	.000		70.00		.02
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	37	44			3,900.00		88.64	.002		105.41		.19
ALL OTHER SERVICES	5	5			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	'URES	MONTH-C	F-PAYMENT R	EPOR1	FOR JAN	2002 THRU	DEC	2002	PAC	SE 6,166
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASS	SISTANCE	- FAMILIES							
									INOM	HLY AVERA	GE	

							M	OM.1	HLY AVERA	GE.	
20,137 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	146	387	\$	9,522.89	\$	24.61	.019	\$	65.23	\$	.47
DIAGNOSTIC AND ANC. PROCED	118	118		5,502.23		46.63	.006		46.63		.27
EYE APPLIANCES	93	268		3 <b>,</b> 951.76		14.75	.013		42.49		.20
OTHER OPTOMETRIC SERVICES	1	1		68.90		68.90	.000		68.90		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	24	40	\$	1,142.71	\$	28.57	.002	\$	47.61	\$	.06
MEDICINE/INJECTIONS	24	31		915.49		29.53	.002		38.15		.05
SURGERY/ANES.	4	6		60.00		10.00	.000		15.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	2		149.92		74.96	.000		149.92		.01
@HOME HEALTH AGENCY	29	81	\$	4,857.38	\$	59.97	.004	\$	167.50	\$	.24
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	6	\$	362.88	\$	60.48	.000	\$	362.88	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	83.38	\$	41.69	.000	\$	41.69	\$	.00
@TOTAL HOSPITAL	1,624	5 <b>,</b> 749	\$	857,636.88	\$	149.18	.285	\$	528.10	\$	42.59
HOSP INPATIENT TOTAL	119	480		693,399.08		1444.58	.024		5826.88		34.43
HSC HOSPITALS	111	449		639,947.73		1425.27	.022		5765.29		31.78

NON-HSC HOSPITAL TOTAL	10	31		53,451.35	1724.24	.002	5345.14		2.65
ACCOMMODATIONS	10	31		27,225.41	878.24	.002	2722.54		1.35
ADMINISTRATIVE DAYS	2	5		1,125.72	225.14	.000	562.86		.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	26		26,099.69	1003.83	.001	3262.46		1.30
ANCILLARIES	10	0		26,225.94	.00	.000	2622.59		1.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,548	5,269		164,237.80	31.17	.262	106.10		8.16
MEDICAL	751	1,008		35,116.97	34.84	.050	46.76		1.74
SURGERY	112	130		6,456.96	49.67	.006	57.65		.32
PATHOLOGY	399	1,475		17,350.34	11.76	.073	43.48		.86
RADIOLOGY	452	569		42,024.78	73.86	.028	92.98		2.09
ROOM USE	817	1,033		43,148.04	41.77	.051	52.81		2.14
CROSSOVERS/ALL OTH OUTPINT	568	1,054		20,140.71	19.11	.052	35.46		1.00
@COUNTY HOSPITAL TOTAL	19	85	\$	15,132.95	\$ 178.03	.004 \$	796.47	\$	.75
CO HOSPITAL INPATIENT TOTAL	4	11		13,102.04	1191.09	.001	3275.51		.65
HSC HOSPITALS	4	11		13,102.04	1191.09	.001	3275.51		.65
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	17	74		2,030.91	27.44	.004	119.47		.10
MEDICAL	6	11		331.26	30.11	.001	55.21		.02
SURGERY	2	2		9.98	4.99	.000	4.99		.00
PATHOLOGY	6	32		429.49	13.42	.002	71.58		.02
RADIOLOGY	3	4		353.75	88.44	.000	117.92		.02
ROOM USE	10	18		738.81	41.05	.001	73.88		.04
CROSSOVERS/ALL OTH OUTPINT	4	7		167.62	23.95	.000	41.91		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	S AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002		GE 6,167
MOP024	FEE-FOR-SERVICE/	DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASS	ISTANCE - FAMILIES					
						MON		GE	
20,137 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		COST PER		OST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY	PER ELIG	USER	ΕI	IGIBLE

20,137 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,609	5 <b>,</b> 664	\$ 842,503.93	\$ 148.75	.281	\$ 523.62	\$ 41.84
COMM HOSP INPATIENT TOTAL	116	469	680 <b>,</b> 297.04	1450.53	.023	5864.63	33.78
HSC HOSPITALS	108	438	626,845.69	1431.15	.022	5804.13	31.13
NON-HSC HOSPITALS TOTAL	10	31	53,451.35	1724.24	.002	5345.14	2.65
ACCOMMODATIONS	10	31	27,225.41	878.24	.002	2722.54	1.35
ADMINISTRATIVE DAYS	2	5	1,125.72	225.14	.000	562.86	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	26,099.69	1003.83	.001	3262.46	1.30
ANCILLARIES	10	0	26,225.94	.00	.000	2622.59	1.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,535	5 <b>,</b> 195	162,206.89	31.22	.258	105.67	8.06
MEDICAL	746	997	34 <b>,</b> 785.71	34.89	.050	46.63	1.73
SURGERY	110	128	6,446.98	50.37	.006	58.61	.32
PATHOLOGY	394	1,443	16,920.85	11.73	.072	42.95	.84
RADIOLOGY	449	565	41,671.03	73.75	.028	92.81	2.07
ROOM USE	809	1,015	42,409.23	41.78	.050	52.42	2.11

CROSSOVERS/ALL OTH OUTPTNT	565	1,047		19,973.09		19.08	.052		35.35		.99
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Û	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	\$	.00	\$	.00	.000	ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	0	0	Ą		Ş			Ą		Ą	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	•		ċ	.00	ć	.00	.000	ċ		ċ	.00
@REHABILITATION FACILITY	13	141	\$	2,032.66	\$	14.42	.007	\$	156.36	Ş	.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	13	141		2,032.66		14.42	.007		156.36		.10
@LABORATORY FACILITY	842	3,089	\$	44,783.86	\$	14.50	.153	Ş	53.19	Ş	2.22
PATHOLOGY	838	3,084		44,489.28		14.43	.153		53.09		2.21
XO AND OTHERS	5	5		294.58		58.92	.000		58.92		.01
@ORGANIZED OUTPATIENT CLINIC	2,334	4,879	\$	386,767.66	\$	79.27	.242	\$	165.71	\$	19.21
CLINIC	558	2,071		47,495.32		22.93	.103		85.12		2.36
SURGICENTER	1	4		180.08		45.02	.000		180.08		.01
HEROIN DETOX CLINIC	3	32		359.10		11.22	.002		119.70		.02
RURAL HEALTH CLINIC	1,842	2 <b>,</b> 772		338,733.16		122.20	.138		183.89		16.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PP	GE 6,168
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASS:	ISTANCE - FAMILIES							
							M				
20,137 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		OST PER
		OR DAYS OF CARE				UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	910	20,904	\$	84,807.40	\$	4.06	1.038	\$	93.19	\$	4.21
DURABLE MED. EQUIP.	69	107		11,901.47		111.23	.005		172.49		.59
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	10		2,531.41		253.14	.000		1265.71		.13
MEDICAL TRANSPORTATION	107	1,114		21,409.01		19.22	.055		200.08		1.06
AMBULANCES/AIR TRANS	106	1,109		17 <b>,</b> 789.17		16.04	.055		167.82		.88
OTHER TRANS				10 04		c c1	.000		19.84		.00
	1	3		19.84		6.61	.000				.18
OTHER SERVICES	2	3 2		3,600.00		1800.00	.000		1800.00		• = 0
OTHER SERVICES ACUPUNCTURE							.007		1800.00 76.14		.14
	2	2		3,600.00		1800.00					
ACUPUNCTURE	2 36	2 149 0		3,600.00 2,741.08 .00		1800.00 18.40 .00	.007		76.14		.14
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	2 36 0	2 149		3,600.00 2,741.08		1800.00 18.40	.007		76.14		.14
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	2 36 0 18	2 149 0 18		3,600.00 2,741.08 .00 1,499.00		1800.00 18.40 .00 83.28	.007 .000 .001		76.14 .00 83.28		.14 .00 .07
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	2 36 0 18 0	2 149 0 18 0		3,600.00 2,741.08 .00 1,499.00		1800.00 18.40 .00 83.28 .00	.007 .000 .001 .000		76.14 .00 83.28 .00		.14 .00 .07 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	2 36 0 18 0	2 149 0 18 0		3,600.00 2,741.08 .00 1,499.00 .00		1800.00 18.40 .00 83.28 .00	.007 .000 .001 .000		76.14 .00 83.28 .00		.14 .00 .07 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	2 36 0 18 0 0	2 149 0 18 0 0 518		3,600.00 2,741.08 .00 1,499.00 .00 .00 5,639.74		1800.00 18.40 .00 83.28 .00 .00 10.89 26.13	.007 .000 .001 .000 .000		76.14 .00 83.28 .00 .00 28.48 26.13		.14 .00 .07 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	2 36 0 18 0 0 198	2 149 0 18 0 0 518 1		3,600.00 2,741.08 .00 1,499.00 .00 .00 5,639.74 26.13 .00		1800.00 18.40 .00 83.28 .00 .00 10.89	.007 .000 .001 .000 .000		76.14 .00 83.28 .00 .00 28.48		.14 .00 .07 .00 .00 .28 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	2 36 0 18 0 0 198 1 0	2 149 0 18 0 0 518		3,600.00 2,741.08 .00 1,499.00 .00 .00 5,639.74 26.13 .00 5,662.74		1800.00 18.40 .00 83.28 .00 .00 10.89 26.13 .00 176.96	.007 .000 .001 .000 .000 .026 .000 .000		76.14 .00 83.28 .00 .00 28.48 26.13 .00 435.60		.14 .00 .07 .00 .00 .28 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	2 36 0 18 0 0 198 1 0 13	2 149 0 18 0 0 518 1 0 32 31		3,600.00 2,741.08 .00 1,499.00 .00 5,639.74 26.13 .00 5,662.74 5,574.05		1800.00 18.40 .00 83.28 .00 .00 10.89 26.13 .00 176.96 179.81	.007 .000 .001 .000 .000 .026 .000 .000 .002		76.14 .00 83.28 .00 .00 28.48 26.13 .00 435.60 464.50		.14 .00 .07 .00 .00 .28 .00 .00 .28 .28
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	2 36 0 18 0 0 198 1 0	2 149 0 18 0 0 518 1 0		3,600.00 2,741.08 .00 1,499.00 .00 .00 5,639.74 26.13 .00 5,662.74		1800.00 18.40 .00 83.28 .00 .00 10.89 26.13 .00 176.96	.007 .000 .001 .000 .000 .026 .000 .000		76.14 .00 83.28 .00 .00 28.48 26.13 .00 435.60		.14 .00 .07 .00 .00 .28 .00 .00

837.37

55.82

.001

119.62

.04

SPEECH AND AUDIOLOGY

7

15

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	461	2,894	28,637.49	9.90	.144	62.12	1.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	16,017	2,051.20	.13	.795	227.91	.10
@CALIF. CHILDREN SERVICES*	83	946	\$ 224,180.83	\$ 236.98	.047	\$ 2700.97	\$ 11.13
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,169
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE.

MARIN COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSIS	STANCE					
						MON		-	
65,263 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	41,904	1,188,959	\$	29,364,558.95	\$ 24.70	18.218 \$			449.94
@PHYSICIANS SERVICES	10,890	29,641	\$	1,093,412.87	\$ 36.89	.454 \$		\$	16.75
OUTPATIENT VISITS	5 <b>,</b> 666	7,777		297,523.50	38.26	.119	52.51		4.56
OFFICE VISITS	3 <b>,</b> 579	4,778		153,971.30	32.23	.073	43.02		2.36
HOME VISITS	100	116		4,463.39	38.48	.002	44.63		.07
EMERGENCY ROOM	2,197	2,616		129,022.50	49.32	.040	58.73		1.98
PREVENTIVE CARE	9	9		423.49	47.05	.000	47.05		.01
OB VISITS/COMPRE PERI	18	27		2,351.79	87.10	.000	130.66		.04
OTHER OUTPATIENT	202	231		7,291.03	31.56	.004	36.09		.11
INPATIENT VISITS	785	2,909		149,767.81	51.48	.045	190.79		2.29
HOSPITAL VISITS	572	2,353		108,066.70	45.93	.036	188.93		1.66
CRITICAL CARE	60	241		31,006.15	128.66	.004	516.77		.48
SNF/ICF/TRANS IP CARE	229	315		10,694.96	33.95	.005	46.70		.16
OPHTHALMOLOGICAL SERVICES	248	290		12,612.42	43.49	.004	50.86		.19
EXAMINATIONS	248	290		12,612.42	43.49	.004	50.86		.19
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	309	1 <b>,</b> 872		156,068.50	83.37	.029	505.08		2.39
PRINCIPAL SURGEON	217	319		117,323.92	367.79	.005	540.66		1.80
ASSISTANT SURGEON	21	22		3,328.41	151.29	.000	158.50		.05
ANESTHESIOLOGIST	114	1,531		35,416.17	23.13	.023	310.67		.54
OUTPATIENT SURGERY	671	1,621		102,014.29	62.93	.025	152.03		1.56
PRINCIPAL SURGEON	564	695		81,758.22	117.64	.011	144.96		1.25
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22		.00
ANESTHESIOLOGIST	132	925		20,148.85	21.78	.014	152.64		.31
DIALYSIS	22	162		9,211.92	56.86	.002	418.72		.14
PATHOLOGY	601	1,388		14,772.64	10.64	.021	24.58		.23
RADIOLOGY	1,887	3 <b>,</b> 170		122,781.53	38.73	.049	65.07		1.88
PSYCHIATRY	14	27		756.60	28.02	.000	54.04		.01
IMMUNIZATION AND INJECTION	152	354		39,642.48	111.98	.005	260.81		.61
OTHER SERVICES/ALL X-OVERS	4,122	10,071		188,261.18	18.69	.154	45.67		2.88
@PHARMACY	31,261	251,477	\$	15,295,371.04	\$ 60.82	3.853 \$	489.28	\$	234.37
PRESCRIPTION DRUGS	30,760	118,389		12,090,938.53	102.13	1.814	393.07		185.26
SNF/ICF	1,158	7,270		778,502.51	107.08	.111	672.28		11.93
OUTPATIENTS	29 <b>,</b> 778	111,119		11,312,436.02	101.80	1.703	379.89		173.34
MEDICAL SUPPLIES	2,449	133,088		3,204,432.51	24.08	2.039	1308.47		49.10
@DENTIST	4,708	16,168	\$	667,760.17	\$ 41.30	.248 \$	141.84	\$	10.23
VISITS - DIAGNOSTIC	3,363	10,496		179,764.79	17.13	.161	53.45		2.75
ORAL SURGERY	489	942		46,804.04	49.69	.014	95.71		.72

ANESTHESIA 12 12 1,100.00 91.67 .000 91.67 PERIODONTICS 210 295 48,791.25 165.39 .005 232.34	.02 .75
DEDITION/DITION 210 205 49 701 25 165 20 005 222 24	.75
FENTUDUNITUS 210 290 40,731.20 1003.39 .000 232.34	
ENDODONTICS 219 287 53,217.50 185.43 .004 243.00	.82
RESTORATIVE DENTISTRY 1,430 3,257 251,744.25 77.29 .050 176.04	3.86
PROSTHETICS 54 65 2,860.00 44.00 .001 52.96	.04
DENTURES, STAYPLATES 281 653 76,439.02 117.06 .010 272.02	1.17
SPACE MAINTAINERS 3 3 320.00 106.67 .000 106.67	.00
MAXILLOFACIAL SERVICES 9 11 648.07 58.92 .000 72.01	.01
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00	.00
ORTHODONTIC SERVICES 44 52 5,035.00 96.83 .001 114.43	.08
ALL OTHER SERVICES 30 44 154.50 3.51 .001 5.15	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,170
MOP024 FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE	
MONTHLY AVERA	GE
65,263 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@OPTOMETRIST 510 1,304 \$ 34,566.20 \$ 26.51 .020 \$ 67.78	\$ .53
DIAGNOSTIC AND ANC. PROCED 350 357 16,542.43 46.34 .005 47.26	.25
EYE APPLIANCES 291 909 15,976.86 17.58 .014 54.90	.24
OTHER OPTOMETRIC SERVICES 34 38 2,046.91 53.87 .001 60.20	.03
@CHIROPRACTOR 15 27 \$ 395.34 \$ 14.64 .000 \$ 26.36	\$ .01
VISITS 13 23 384.56 16.72 .000 29.58	.01
OTHER SERVICES 2 4 10.78 2.70 .000 5.39	.00
@PODIATRIST 471 678 \$ 14,722.51 \$ 21.71 .010 \$ 31.26	\$ .23
MEDICINE/INJECTIONS 243 286 7,355.14 25.72 .004 30.27	.11
SURGERY/ANES. 30 35 1,160.99 33.17 .001 38.70	.02
RADIO./PATHOLOGY 5 8 138.40 17.30 .000 27.68	.00
OTHER 237 349 6,067.98 17.39 .005 25.60	.09
@HOME HEALTH AGENCY         175         5,154         \$         151,446.64         \$         29.38         .079         \$         865.41	•
NURSE ANESTHESIST 0 0 \$ .00 \$ .00 \$ .00	\$ .00

NURSE MIDWIFE	3	21	Ś	489.03	\$	23.29	.000	Ś	163.01	Ś	.01
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	15	42	\$	413.37	\$	9.84	.001		27.56		.01
@TOTAL HOSPITAL	6 <b>,</b> 917	34,600	Ś	4,668,941.58		134.94	.530		675.00		71.54
HOSP INPATIENT TOTAL	692	4,653	'	3,760,823.10		808.26	.071		5434.72		57.63
HSC HOSPITALS	416	2,290		3,089,810.56		1349.26	.035		7427.43		47.34
NON-HSC HOSPITAL TOTAL	72	301		424,466.42		1410.19			5895.37		6.50
ACCOMMODATIONS	71	301		150,260.90		499.21			2116.35		2.30
ADMINISTRATIVE DAYS	33	166		35,410.06		213.31	.003		1073.03		.54
TRANSITIONAL IP CARE	0	0		100.28		.00	.000		.00		.00
ALL OTHER ACCOM	39	135		114,750.56		850.00	.002		2942.32		1.76
ANCILLARIES	72	0		274,205.52		.00			3808.41		4.20
INPATIENT CROSSOVERS	232	2,062		246,546.12		119.57	.032		1062.70		3.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,468	29,947		908,118.48		30.32	.459		140.40		13.91
MEDICAL	2,078	3,341		119,337.91		35.72	.051		57.43		1.83
SURGERY	405	495		37,045.43		74.84	.008		91.47		.57
PATHOLOGY	1,522	7,700		89,736.47		11.65			58.96		1.37
RADIOLOGY	1,359	1,888		158,034.42		83.70	.029		116.29		2.42
ROOM USE	2,305	3 <b>,</b> 293		147,906.33		44.92	.050		64.17		2.27
CROSSOVERS/ALL OTH OUTPINT		13,230		356,057.92		26.91	.203		99.24		5.46
@COUNTY HOSPITAL TOTAL	104	491	\$	66,897.28	\$		.008	\$		\$	1.03
CO HOSPITAL INPATIENT TOTAL	13	125		55,346.95		442.78	.002		4257.46		.85
HSC HOSPITALS	10	43		47,118.03		1095.77	.001		4711.80		.72
NON-HSC HOSPITALS TOTAL	1	15		5,812.92		387.53			5812.92		.09
ACCOMMODATIONS	1	15		3,621.48		241.43	.000		3621.48		.06
ADMINISTRATIVE DAYS	1	15		3,571.54		238.10	.000		3571.54		.05
TRANSITIONAL IP CARE	0	0		49.94		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,191.44		.00	.000		2191.44		.03
INPATIENT CROSSOVERS	3	67		2,416.00		36.06	.001		805.33		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	94	366		11,550.33		31.56	.006		122.88		.18
MEDICAL	33	43		1,542.97		35.88	.001		46.76		.02
SURGERY	8	10		197.81		19.78	.000		24.73		.00
PATHOLOGY	34	136		2,047.59		15.06	.002		60.22		.03
RADIOLOGY	23	37		3,534.22		95.52	.001		153.66		.05
ROOM USE	60	75		3,278.78		43.72	.001		54.65		.05
CROSSOVERS/ALL OTH OUTPINT	30	65		948.96		14.60	.001		31.63		.01
	MEDI-CAL SERVICES AND	EXPENDIT	URES M	MONTH-OF-PAYMENT R	EPOR	RT FOR JAN	1 2002 THRU	DEC	2002	PA	GE 6,171
MOP024	FEE-FOR-SERVICE/DENTAL	⊒									01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	OR PUBLI	C ASSI	STANCE							

----- MONTHLY AVERAGE -----65,263 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,829 34,109 .523 \$ 673.90 \$ 70.52 @COMMUNITY HOSPITAL TOTAL 4,602,044.30 \$ 134.92 680 4,528 818.35 5449.23 COMM HOSP INPATIENT TOTAL 3,705,476.15 .069 56.78 HSC HOSPITALS 407 2,247 3,042,692.53 1354.11 .034 7475.90 46.62 NON-HSC HOSPITALS TOTAL 71 286 418,653.50 1463.82 5896.53 6.41 .004 70 146,639.42 2.25 ACCOMMODATIONS 286 512.73 .004 2094.85 32 151 31,838.52 210.85 .002 994.95 .49 ADMINISTRATIVE DAYS 0 0 50.34 .00 .00 .00 TRANSITIONAL IP CARE .000 39 135 850.00 1.76 ALL OTHER ACCOM 114,750.56 .002 2942.32 ANCILLARIES 71 0 272,014.08 .00 .000 3831.18 4.17 229 INPATIENT CROSSOVERS 1,995 244,130.12 122.37 .031 1066.07 3.74 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	6,390	29 <b>,</b> 581		896,568.15		30.31	.453		140.31		13.74
MEDICAL	2,048	3,298		117,794.94		35.72	.051		57.52		1.80
SURGERY	397	485		36,847.62		75.97	.007		92.82		.56
PATHOLOGY	1,491	7,564		87,688.88		11.59	.116		58.81		1.34
RADIOLOGY	1,340	1,851		154,500.20		83.47	.028		115.30		2.37
ROOM USE	2,252	3,218		144,627.55		44.94	.049		64.22		2.22
CROSSOVERS/ALL OTH OUTPTNT	3,562	13,165		355,108.96		26.97	.202		99.69		5.44
@STATE HOSPITAL	3	42	\$	22,860.26	\$	544.29	.001	\$	7620.09	\$	.35
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	3	42		22,860.26		544.29	.001		7620.09		.35
@NURSING FACILITY	629	18,725	\$	2,560,904.14	\$	136.76	.287	\$	4071.39	\$	39.24
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	96	3,936		468,991.83		119.15	.060		4885.33		7.19
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	106		58,633.90		553.15	.002		14658.48		.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	530	14,683		2,033,278.41		138.48	.225		3836.37		31.16
@INTERMEDIATE CARE FACILDD	242	8,054	\$	1,199,295.79	\$	148.91	.123	\$	4955.77	\$	18.38
ICF DDH	242	8,054		1,199,295.79		148.91	.123		4955.77		18.38
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	149	1,801	\$	132,123.35	\$	73.36	.028	\$	886.73	\$	2.02
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	149	1,801		132,123.35		73.36	.028		886.73		2.02
@REHABILITATION FACILITY	103	877	\$	14,186.07	\$	16.18	.013	\$	137.73	\$	.22
HOSPITAL BASED	13	42		1,285.84		30.62	.001		98.91		.02
INDEPENDENT FACILITY	90	835		12,900.23		15.45	.013		143.34		.20
@LABORATORY FACILITY	3,191	16,993	\$	199,625.49	\$	11.75	.260	\$	62.56	\$	3.06
PATHOLOGY	3,145	16,917		195,689.43		11.57	.259		62.22		3.00
XO AND OTHERS	66	76		3,936.06		51.79	.001		59.64		.06
@ORGANIZED OUTPATIENT CLINIC	6,292	11,894	\$	894,276.34	\$	75.19	.182	\$	142.13	\$	13.70
CLINIC	1,205	3,544		82,730.63		23.34	.054		68.66		1.27
SURGICENTER	25	43		4,820.19		112.10	.001		192.81		.07
HEROIN DETOX CLINIC	26	424		4,914.00		11.59	.006		189.00		.08
RURAL HEALTH CLINIC	5,213	7,883		801,811.52		101.71	.121		153.81		12.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 6,172
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	: ASSI	STANCE							
							M	TNC	HLY AVERA	GE	
65,263 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	7,281	791,461	\$	2,413,768.76	\$	3.05	12.127	\$	331.52	\$	36.99
DURABLE MED. EQUIP.	452	1,751		251,068.99		143.39	.027		555.46		3.85

65,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,281	791,461 \$	2,413,768.76	\$ 3.05	12.127 \$	331.52	\$ 36.99
DURABLE MED. EQUIP.	452	1,751	251,068.99	143.39	.027	555.46	3.85
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	162	279	34,918.72	125.16	.004	215.55	.54
MEDICAL TRANSPORTATION	1,041	21,403	178,184.83	8.33	.328	171.17	2.73
AMBULANCES/AIR TRANS	555	7 <b>,</b> 331	108,521.83	14.80	.112	195.53	1.66
OTHER TRANS	98	8 <b>,</b> 881	24,457.34	2.75	.136	249.56	.37
OTHER SERVICES	415	5 <b>,</b> 191	45,205.66	8.71	.080	108.93	.69
ACUPUNCTURE	192	621	11,082.00	17.85	.010	57.72	.17
ADULT DAY HEALTH CARE CTR	671	7,722	514,637.37	66.65	.118	766.97	7.89
GENETIC DISEASE TESTING	20	20	1,609.00	80.45	.000	80.45	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	1,110	12,656	621,263.69	49.09	.194	559.70	9.52
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	980	2,820	35,231.11	12.49	.043	35.95	.54
PHYSICAL THERAPIST	7	47	806.64	17.16	.001	115.23	.01

PORTABLE X-RAY	21	48	908.56	18.93	.001	43.26	.01
PROSTHETIST/ORTHOTISTS	122	322	39,052.59	121.28	.005	320.10	.60
PROSTHETICS	105	288	36,764.88	127.66	.004	350.14	.56
ORTHOTICS	18	34	2,287.71	67.29	.001	127.10	.04
PSYCHOLOGIST	15	51	2,249.59	44.11	.001	149.97	.03
SPEECH AND AUDIOLOGY	864	3 <b>,</b> 575	140,802.45	39.39	.055	162.97	2.16
HOSPICE SERVICES	61	1,997	247,370.98	123.87	.031	4055.26	3.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	840	17,428	138,653.97	7.96	.267	165.06	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,648	720,721	195,928.27	.27	11.043	118.89	3.00
@CALIF. CHILDREN SERVICES*	421	6,346	\$ 2,302,364.19	\$ 362.81	.097	\$ 5468.80	\$ 35.28
@XOVER EXCLUDING STATE HOSP**	5,993	71,812	\$ 924,596.60	\$ 12.88	1.100	\$ 154.28	\$ 14.17

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,173 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

						Mo	ITNC	HLY AVERA	GΕ	
5,500 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	3 (	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3 <b>,</b> 289	41,936	\$ 1,921,351.65	\$	45.82	7.625	\$	584.18	\$	349.34
@PHYSICIANS SERVICES	716	2,418	\$ 100,717.08	\$	41.65	.440	\$	140.67	\$	18.31
OUTPATIENT VISITS	220	298	13,240.44		44.43	.054		60.18		2.41
OFFICE VISITS	146	201	7,326.87		36.45	.037		50.18		1.33
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	76	87	5,648.35		64.92	.016		74.32		1.03
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	9	10	265.22		26.52	.002		29.47		.05
INPATIENT VISITS	60	403	18,688.86		46.37	.073		311.48		3.40
HOSPITAL VISITS	58	384	16,813.86		43.79	.070		289.89		3.06
CRITICAL CARE	3	13	1,580.80		121.60	.002		526.93		.29
SNF/ICF/TRANS IP CARE	4	6	294.20		49.03	.001		73.55		.05
OPHTHALMOLOGICAL SERVICES	26	30	1,500.61		50.02	.005		57.72		.27
EXAMINATIONS	26	30	1,500.61		50.02	.005		57.72		.27
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	34	204	18,515.05		90.76	.037		544.56		3.37
PRINCIPAL SURGEON	23	39	14,326.87		367.36			622.91		2.60
ASSISTANT SURGEON	3	3	781.09		260.36			260.36		.14
ANESTHESIOLOGIST	12	162	3,407.09		21.03			283.92		.62
OUTPATIENT SURGERY	44	175	15 <b>,</b> 611.68		89.21	.032		354.81		2.84
PRINCIPAL SURGEON	32	49	13,746.14		280.53	.009		429.57		2.50
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	13	126	1,865.54		14.81	.023		143.50		.34
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	31	97	836.53		8.62	.018		26.98		.15
RADIOLOGY	157	314	13,038.17		41.52	.057		83.05		2.37
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	14	88.01		6.29	.003		12.57		.02
OTHER SERVICES/ALL X-OVERS	396	883	19,197.73		21.74	.161		48.48		3.49
@PHARMACY	2,481	14,259	\$ 601,146.45	\$		2.593	\$		\$	109.30
PRESCRIPTION DRUGS	2,447	8,531	592,502.30		69.45	1.551		242.13		107.73

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	121	560	25,707.58		45.91	.102	212.46		4.67
OUTPATIENTS	2,336	7,971	566,794.72		71.11	1.449	242.63		103.05
MEDICAL SUPPLIES	120	5 <b>,</b> 728	8,644.15		1.51	1.041	72.03		1.57
@DENTIST	285	1,017 \$			55.87	.185	\$ 199.38	\$	10.33
VISITS - DIAGNOSTIC	177	534	8,445.94		15.82	.097	47.72		1.54
ORAL SURGERY	50	124	5,815.00		46.90	.023	116.30		1.06
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	10	10	1,755.00		175.50	.002	175.50		.32
ENDODONTICS	20	23	4,571.00		198.74	.004	228.55		.83
RESTORATIVE DENTISTRY	74	155	14,451.00		93.23	.028	195.28		2.63
PROSTHETICS	6	11	1,530.00		139.09	.002	255.00		.28
DENTURES, STAYPLATES	53	160	20,256.01		126.60	.029	382.19		3.68
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		-	MONTH-OF-PAYMENT R	REPOR!	r for jan 2	2002 THRU DE	EC 2002	PAG	- /
MOP024	FEE-FOR-SERVICE/								01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR MN - NO S	OC - AGED	AID (	CODE 14 1H				
							NTHLY AVERA		
5,500 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	COST PER		ST PER
		OR DAYS OF CARE				PER ELIG	USER		IGIBLE
@OPTOMETRIST	34	84 \$	2,200.32	\$	25.78	.015	•	\$	.39
DIAGNOSTIC AND ANC. PROCED	27	29	1,275.15		43.97	.005	47.23		.23
EYE APPLIANCES	17	53	878.52		16.58	.010			.16
OTHER OPTOMETRIC SERVICES	1	2	12.25		6.13	.000	12.25		.00
@CHIROPRACTOR	0	0 \$	, , , ,	\$	.00	.000	•	\$	.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	39	63 \$		\$	14.88	.011		Ş	.17
MEDICINE/INJECTIONS	7	7	236.60		33.80	.001	33.80		.04

		011 21110 01 0111	-		 01111		0021	
@OPTOMETRIST	34	84	\$	2,165.92	\$ 25.78	.015	\$ 63.70	\$ .39
DIAGNOSTIC AND ANC. PROCED	27	29		1,275.15	43.97	.005	47.23	.23
EYE APPLIANCES	17	53		878.52	16.58	.010	51.68	.16
OTHER OPTOMETRIC SERVICES	1	2		12.25	6.13	.000	12.25	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	39	63	\$	937.24	\$ 14.88	.011	\$ 24.03	\$ .17
MEDICINE/INJECTIONS	7	7		236.60	33.80	.001	33.80	.04
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	32	56		700.64	12.51	.010	21.90	.13
@HOME HEALTH AGENCY	27	219	\$	15,471.14	\$ 70.64	.040	\$ 573.01	\$ 2.81
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	508	2,774	\$	448,285.19	\$ 161.60	.504	\$ 882.45	\$ 81.51
HOSP INPATIENT TOTAL	73	476		369,100.36	775.42	.087	5056.17	67.11
HSC HOSPITALS	50	252		323,794.65	1284.90	.046	6475.89	58.87
NON-HSC HOSPITAL TOTAL	4	19		12,233.50	643.87	.003	3058.38	2.22
ACCOMMODATIONS	4	19		4,507.37	237.23	.003	1126.84	.82
ADMINISTRATIVE DAYS	4	19		4,507.37	237.23	.003	1126.84	.82
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	4	0		7,726.13	.00	.000	1931.53	1.40
INPATIENT CROSSOVERS	23	205		33,072.21	161.33	.037	1437.92	6.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	468	2,298		79,184.83	34.46	.418	169.20	14.40
MEDICAL	113	186		6,736.94	36.22	.034	59.62	1.22
SURGERY	26	33		2,145.15	65.00	.006	82.51	.39
PATHOLOGY	118	614		7,193.66	11.72	.112	60.96	1.31

RADIOLOGY	122	196	17,230.14	87.91	.036	141.23	3.13
ROOM USE	108	143	5,851.15	40.92	.026	54.18	1.06
CROSSOVERS/ALL OTH OUTPINT	276	1,126	40,027.79	35.55	.205	145.03	7.28
@COUNTY HOSPITAL TOTAL	2	6 \$	214.52	\$ 35.75	.001 \$	107.26	\$ .04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	214.52	35.75	.001	107.26	.04
MEDICAL	2	2	133.36	66.68	.000	66.68	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.71	4.71	.000	4.71	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	66.64	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPINT	1	1	9.81	9.81	.000	9.81	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	ONTH-OF-PAYMENT E	REPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 6,175
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- AGED	AID CODE 14 1H	1U		
					MONT	THLY AVERAG	
5,500 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	508	2 <b>,</b> 768 \$	448,070.67	\$ 161.88	.503 \$	882.03	\$ 81.47
COMM HOSP INPATIENT TOTAL	73	476	369,100.36	775.42	.087	5056.17	67.11
HSC HOSPITALS	50	252	323,794.65		.046	6475.89	58.87
NON-HSC HOSPITALS TOTAL	4	19	12,233.50		.003	3058.38	2.22
ACCOMMODATIONS	4	19	4,507.37	237.23	.003	1126.84	.82

ADMINISTRATIVE DAYS	4	19		4,507.37		237.23	.003		1126.84		.82
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	4	0		7,726.13		.00	.000		1931.53		1.40
INPATIENT CROSSOVERS	23	205		33,072.21		161.33	.037		1437.92		6.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	468	2,292		78,970.31		34.45	.417		168.74		14.36
MEDICAL	112	184		6,603.58		35.89	.033		58.96		1.20
SURGERY	26	33		2,145.15		65.00	.006		82.51		.39
PATHOLOGY	118	613		7,188.95		11.73	.111		60.92		1.31
RADIOLOGY	122	196		17,230.14		87.91	.036		141.23		3.13
ROOM USE	107	141		5,784.51		41.02	.026		54.06		1.05
CROSSOVERS/ALL OTH OUTPTNT		1,125		40,017.98		35.57	.205		145.52		7.28
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	Ψ	.00	7	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	133	3 <b>,</b> 454	\$	497,937.07	\$	144.16	.628	Ċ	3743.89	Ċ	90.53
LEV A-INTERMEDIATE	133	0,404	۲	.00	Ą	.00	.000	ې	.00	۲	.00
LEV B-REHAB MD	1	36		4,232.55		117.57	.007		4232.55		.77
	<del>-</del>	0		4,232.33		.00	.007		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0									
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	132					.00	.000		.00		.00
LEV B-REGULAR		3,418	<u>_</u>	493,704.52	Ċ	144.44	.621	Ċ	3740.19	ć	89.76
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	-	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	23	25	\$	18,604.50	\$		.005	Ş	808.89	Ş	3.38
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	23	25	_	18,604.50	_	744.18	.005	_	808.89	_	3.38
@REHABILITATION FACILITY	1	1	\$	44.37	\$	44.37	.000	Ş	44.37	Ş	.01
HOSPITAL BASED	1	1		44.37		44.37	.000		44.37		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	210	1,720	\$	13,661.46	\$	7.94	.313	\$		\$	2.48
PATHOLOGY	196	1,696		12,419.33		7.32	.308		63.36		2.26
XO AND OTHERS	20	24		1,242.13		51.76	.004		62.11		.23
@ORGANIZED OUTPATIENT CLINIC	457	718	\$	56 <b>,</b> 997.94	\$		.131	\$	124.72	\$	10.36
CLINIC	29	52		1,777.15		34.18	.009		61.28		.32
SURGICENTER	3	3		615.99		205.33	.001		205.33		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	434	663		54,604.80		82.36	.121		125.82		9.93
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2002 THRU	DEC	2002	P.	AGE 6,176
MOP024	FEE-FOR-SERVIC	,									01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR MN - NO	) SO	C - AGED	AID (	CODE 14 1H	1U				
							M				
5,500 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG	+	USER		ELIGIBLE
@ALL OTHER PROVIDERS	452	15 <b>,</b> 184	\$	108,559.34	\$	7.15	2.761	\$	240.18	\$	19.74
DURABLE MED. EQUIP.	19	50		6,950.95		139.02	.009		365.84		1.26
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	25	30		2,957.49		98.58	.005		118.30		.54
MEDICAL TRANSPORTATION	81	611		7,358.65		12.04	.111		90.85		1.34
AMBULANCES/AIR TRANS	24	160		3,467.69		21.67	.029		144.49		.63
OTHER TRANS	2	6		53.36		8.89	.001		26.68		.01
OTHER SERVICES	56	445		3,837.60		8.62	.081		68.53		.70
ACUPUNCTURE	11	26		475.77		18.30	.005		43.25		.09

ADULT DAY HEALTH CARE CTR	51	641	42,879.73	66.90	.117	840.78	7.80
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	82	401	28,929.46	72.14	.073	352.80	5.26
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	99	292	3,866.79	13.24	.053	39.06	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	3.78	1.26	.001	1.89	.00
PROSTHETIST/ORTHOTISTS	6	16	539.97	33.75	.003	90.00	.10
PROSTHETICS	5	15	458.66	30.58	.003	91.73	.08
ORTHOTICS	1	1	81.31	81.31	.000	81.31	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	13	2,774.79	213.45	.002	396.40	.50
HOSPICE SERVICES	6	24	2,774.81	115.62	.004	462.47	.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	126	13,077	9,047.15	.69	2.378	71.80	1.64
@CALIF. CHILDREN SERVICES*	1	0	\$ 90.74	\$ .00	.000	\$ 90.74	\$ .02
@XOVER EXCLUDING STATE HOSP**	626	2,595	\$ 120,682.41	\$ 46.51	.472	\$ 192.78	\$ 21.94

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----56 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,628 29.071 \$ 360.53 \$ 173.83 @TOTAL, ALL PROVIDERS 27 9,734.31 \$ 5.98 3 5 \$ 36.17 .089 \$ 60.29 \$ @PHYSICIANS SERVICES 180.87 \$ 3.23 OUTPATIENT VISITS 3 5 180.87 36.17 .089 60.29 3.23 36.17 60.29 OFFICE VISITS 180.87 .089 3.23 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	20	1,395	\$	6,263.05	\$	4.49	24.911	\$	313.15	\$	111.84
PRESCRIPTION DRUGS	19	68		5,579.44		82.05	1.214		293.65		99.63
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	19	68		5,579.44		82.05	1.214		293.65		99.63
MEDICAL SUPPLIES	3	1,327		683.61		.52	23.696		227.87		12.21
@DENTIST	1	4	\$	190.00	\$	47.50	.071	\$	190.00	\$	3.39
VISITS - DIAGNOSTIC	1	3		100.00		33.33	.054		100.00		1.79
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		90.00		90.00	.018		90.00		1.61
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURE	S M	ONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 6,178

01/17/03

MOPO24 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

MAKIN COUNTI	SUMMAKI OF SEK	VICES FOR MIN - NO	300 -	- PLIND		AID CODE	24				
							M	TNC	HLY AVERA	GΕ	
56 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	4	\$	896.50	\$	224.13	.071	\$	448.25	\$	16.01
HOSP INPATIENT TOTAL	1	3		812.00		270.67	.054		812.00		14.50
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	1	3		812.00	270.67	.054	812.00	14.50
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1		84.50	84.50	.018	84.50	1.51
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		84.50	84.50	.018	84.50	1.51
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-OF-E	PAYMENT REI	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 6,179
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	MN - NO	O SOC - BLIND		AID CODE			
						MON	ITHLY AVERA	GE

					===== MO	NIHLI AVEKA	GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
2	4	\$	896.50	\$ 224.13	.071	\$ 448.25	\$ 16.01
1	3		812.00	270.67	.054	812.00	14.50
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
1	3		812.00	270.67	.054	812.00	14.50
0	0		.00	.00	.000	.00	.00
1	1		84.50	84.50	.018	84.50	1.51
0	0		.00	.00	.000	.00	.00
1	1		84.50	84.50	.018	84.50	1.51
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0 :	\$	.00	\$ .00	.000	\$ .00	\$ .00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0 :	\$	.00	\$ .00	.000	\$ .00	\$ .00
0	0		.00	.00	.000	.00	.00
	USERS  2 1 0 0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  2		OR DAYS OF CARE  2	OR DAYS OF CARE         PER UNIT/DAY           2         4         \$         896.50         \$         224.13           1         3         812.00         270.67           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           1         3         812.00         270.67           0         0         .00         .00           1         1         84.50         84.50           0         0         .00         .00           1         1         84.50         84.50           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00	USERS         UNITS OF SERVICE OR DAYS         EXPENDITURES         AVERAGE COST UNITS/DAYS         PER UNIT/DAY         PER ELIG           2         4         \$ 896.50         \$ 224.13         .071           1         3         812.00         270.67         .054           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           1         3         812.00         270.67         .054           0         0         .00         .00         .00           1         1         84.50         84.50         .018           0         0         .00         .00         .00	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           2         4         \$         896.50         \$         224.13         .071         \$         448.25           1         3         812.00         270.67         .054         812.00           0         0         .00         .00         .00         .000         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00           1         1         84.50         84.50         .018         84.50         .018         84.50

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	9	\$	65.02	\$	7.22	.161	\$	32.51	\$	1.16
PATHOLOGY	2	9		65.02		7.22	.161		32.51		1.16
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	7	•	359.60	\$	51.37	.125	\$	71.92	\$	6.42
CLINIC	4	6		218.50		36.42	.107		54.63		3.90
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		141.10		141.10	.018		141.10		2.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES MONTH-OF-PA	YMENT R	EPORT	FOR JAN 2	2002 THRU 1	DEC :	2002	PP	AGE 6,180
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC - BLIND			AID CODE					
							MO			-	
56 ELIGIBLES		TS OF SERVICE		ITURES			UNITS/DAYS	S C	OST PER		COST PER
	OF	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE

204 \$

2

0

1

0

@ALL OTHER PROVIDERS DURABLE MED. EQUIP.

BLOOD BANK

 1,779.27
 \$
 8.72
 3.643
 \$
 355.85
 \$
 31.77

 1,107.25
 553.63
 .036
 1107.25
 19.77

 .00
 .00
 .000
 .00
 .00

.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	2	200		648.28	3.24	3.571	324.14	11.58	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	2	2		23.74	11.87	.036	11.87	.42	
@CALIF. CHILDREN SERVICES*	1	2	\$	•	\$	.036	\$ 1107.25	19.77	
@XOVER EXCLUDING STATE HOSP**	2	2	\$	835.74	\$ 417.87	.036	\$ 417.87	\$ 14.92	
0* TOTALS IN THESE LINES ARE GIVEN				•					
THE AMOUNTS ARE ALREADY INCLUDED				ABOVE.					
** THESE DATA ARE INCLUDED IN THE	APPROPRIATE DE	TAIL LINES A	ABOVE.						

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,181 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

MANTIN COONTI	DOMINANT OF DEIN	ATCHO LOLL LILL INC.	DISADED 04	00 011 00 07 022	00			
					MC	NTHLY AVERA	ΔGE	
3,539 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,814	42 <b>,</b> 779	\$ 2,525,614.66	\$ 59.04	12.088	\$ 897.52	\$	713.65
@PHYSICIANS SERVICES	530	2,265	\$ 85,451.30	\$ 37.73	.640	\$ 161.23	\$	24.15
OUTPATIENT VISITS	172	278	10,796.29	38.84	.079	62.77		3.05
OFFICE VISITS	111	160	4,750.92	29.69	.045	42.80		1.34
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	65	98	5,484.21	55.96	.028	84.37		1.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	17	20	561.16	28.06	.006	33.01		.16
INPATIENT VISITS	57	442	19,331.13	43.74	.125	339.14		5.46
HOSPITAL VISITS	51	412	16,549.03	40.17	.116	324.49		4.68
CRITICAL CARE	6	22	2,460.40	111.84	.006	410.07		.70
SNF/ICF/TRANS IP CARE	6	8	321.70	40.21	.002	53.62		.09
OPHTHALMOLOGICAL SERVICES	6	6	282.31	47.05	.002	47.05		.08
EXAMINATIONS	6	6	282.31	47.05	.002	47.05		.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	21	44	5,646.33	128.33	.012	268.87		1.60
PRINCIPAL SURGEON	21	28	5,244.94	187.32	.008	249.76		1.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	16	401.39	25.09	.005	200.70		.11

OUTPATIENT SURGERY	35	125		5,175.43		41.40	.035		147.87		1.46
PRINCIPAL SURGEON	32	38		4,797.99		126.26	.011		149.94		1.36
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	87		377.44		4.34	.025		125.81		.11
DIALYSIS	1	1		225.04		225.04	.000		225.04		.06
PATHOLOGY	28	128		893.85		6.98	.036		31.92		.25
RADIOLOGY	71	171		8,109.49		47.42	.048		114.22		2.29
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	37		21,131.78		571.13	.010		3521.96		5.97
OTHER SERVICES/ALL X-OVERS	329	1,033		13,859.65		13.42	.292		42.13		3.92
@PHARMACY	2,345	14,099	\$	1,396,146.01	\$	99.02	3.984	\$	595.37	\$	394.50
PRESCRIPTION DRUGS	2,329	10,845		1,383,622.26		127.58	3.064		594.08		390.96
SNF/ICF	100	744		131,554.56		176.82	.210		1315.55		37.17
OUTPATIENTS	2,243	10,101		1,252,067.70		123.95	2.854		558.21		353.79
MEDICAL SUPPLIES	125	3,254		12,523.75		3.85	.919		100.19		3.54
@DENTIST	292	845	\$	38,487.72	\$	45.55	.239	\$	131.81	\$	10.88
VISITS - DIAGNOSTIC	201	527		9,580.72		18.18	.149		47.67		2.71
ORAL SURGERY	29	51		2,599.00		50.96	.014		89.62		.73
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	11	13		2,255.00		173.46	.004		205.00		.64
ENDODONTICS	16	17		3,173.00		186.65	.005		198.31		.90
RESTORATIVE DENTISTRY	88	203		16,650.00		82.02	.057		189.20		4.70
PROSTHETICS	10	10		230.00		23.00	.003		23.00		.06
DENTURES, STAYPLATES	13	24		4,000.00		166.67	.007		307.69		1.13
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	PI	AGE 6,182
MOP024	FEE-FOR-SERVICE/										01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR MN - N	10 SO	C - DISABLED 64	6G 6	H 6U 6V 6X	8G				
							M			_	
3 539 ELIGIBLES	HSERS I	INITS OF SERVIC	T.	EXPENDITIBES	Δ77	ERAGE COST	YAC\PTTNII '	S	COST PER	(	COST PER

							M	ON:	THLY AVERA	GE.	
3,539 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	23	41	\$	1,377.77	\$	33.60	.012	\$	59.90	\$	.39
DIAGNOSTIC AND ANC. PROCED	13	13		616.85		47.45	.004		47.45		.17
EYE APPLIANCES	12	25		747.76		29.91	.007		62.31		.21
OTHER OPTOMETRIC SERVICES	2	3		13.16		4.39	.001		6.58		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	38	47	\$	243.10	\$	5.17	.013	\$	6.40	\$	.07
MEDICINE/INJECTIONS	1	1		51.00		51.00	.000		51.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	37	46		192.10		4.18	.013		5.19		.05
@HOME HEALTH AGENCY	18	3 <b>,</b> 597	\$	107,700.69	\$	29.94	1.016	\$	5983.37	\$	30.43
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	459	2,989	\$	604,721.17	\$	202.32	.845	\$	1317.48	\$	170.87
HOSP INPATIENT TOTAL	59	531		530,350.99		998.78	.150		8989.00		149.86
HSC HOSPITALS	26	237		368,796.00		1556.10	.067		14184.46		104.21

NON-HSC HOSPITAL TOTAL	6	54		133,213.48		2466.92	.015	222	02.25		37.64	
ACCOMMODATIONS	6	54		30,643.69		567.48	.015	51	07.28		8.66	
ADMINISTRATIVE DAYS	3	24		5,519.89		230.00	.007	18	39.96		1.56	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	3	30		25,123.80		837.46	.008	83	74.60		7.10	
ANCILLARIES	6	0		102,569.79		.00	.000	170	94.97		28.98	
INPATIENT CROSSOVERS	30	240		28,341.51		118.09	.068	9	44.72		8.01	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	417	2,458		74,370.18		30.26	.695	1	78.35		21.01	
MEDICAL	83	152		6,234.51		41.02	.043		75.11		1.76	
SURGERY	19	53		1,356.39		25.59	.015		71.39		.38	
PATHOLOGY	67	395		4,671.43		11.83	.112		69.72		1.32	
RADIOLOGY	44	113		14,126.20		125.01	.032	3	21.05		3.99	
ROOM USE	92	186		7,986.98		42.94	.053		86.82		2.26	
CROSSOVERS/ALL OTH OUTPINT	323	1,559		39,994.67		25.65	.441	1	23.82		11.30	
@COUNTY HOSPITAL TOTAL	4	9	\$	240.47	\$	26.72	.003	\$	60.12	\$	.07	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	4	9		240.47		26.72	.003		60.12		.07	
MEDICAL	0	0		.00		.00	.000		.00		.00	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	2	3		50.50		16.83	.001		25.25		.01	
RADIOLOGY	1	1		14.59		14.59	.000		14.59		.00	
ROOM USE	3	3		154.66		51.55	.001		51.55		.04	
CROSSOVERS/ALL OTH OUTPINT	2	2		20.72		10.36	.001		10.36		.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 20	02	PP	GE 6,183	3
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03	3
MARIN COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- DISABLED 64	6G 6H	6U 6V 6X	8G					
							M	ONTHLY	AVERA	.GE -		
3,539 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	s cos	T PER	C	COST PER	
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	U	SER	F	CLIGIBLE	
@COMMUNITY HOSPITAL TOTAL	455	2,980	\$	604,480.70	\$	202.85	.842	\$ 13	28.53	\$	170.81	
COMM HOSP INPATIENT TOTAL	59	531		530,350.99		998.78	.150	89	89.00		149.86	
HSC HOSPITALS	26	237		368,796.00		1556.10	.067	141	84.46		104.21	
NON-HSC HOSPITALS TOTAL	6	54		133,213.48		2466.92	.015	222	02.25		37.64	
A CCOMMODA TITONIC	6	5.4		30 643 60		567 10	015	5.1	07 20		0 66	

3,539 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@COMMUNITY HOSPITAL TOTAL	455	2 <b>,</b> 980 \$	604,480.70	\$ 202.85	.842	\$ 1328.53	\$ 1	70.81
COMM HOSP INPATIENT TOTAL	59	531	530 <b>,</b> 350.99	998.78	.150	8989.00	1	49.86
HSC HOSPITALS	26	237	368,796.00	1556.10	.067	14184.46	1	04.21
NON-HSC HOSPITALS TOTAL	6	54	133,213.48	2466.92	.015	22202.25		37.64
ACCOMMODATIONS	6	54	30,643.69	567.48	.015	5107.28		8.66
ADMINISTRATIVE DAYS	3	24	5,519.89	230.00	.007	1839.96		1.56
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	30	25,123.80	837.46	.008	8374.60		7.10
ANCILLARIES	6	0	102,569.79	.00	.000	17094.97		28.98
INPATIENT CROSSOVERS	30	240	28,341.51	118.09	.068	944.72		8.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	413	2,449	74 <b>,</b> 129.71	30.27	.692	179.49		20.95
MEDICAL	83	152	6,234.51	41.02	.043	75.11		1.76
SURGERY	19	53	1,356.39	25.59	.015	71.39		.38
PATHOLOGY	65	392	4,620.93	11.79	.111	71.09		1.31
RADIOLOGY	43	112	14,111.61	126.00	.032	328.18		3.99
ROOM USE	89	183	7,832.32	42.80	.052	88.00		2.21

CROSSOVERS/ALL OTH OUTPTNT	321	1,557		39,973.95		25.67	.440		124.53		11.30
@STATE HOSPITAL	0	1,337	Ś	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	۲	.00	Ą	.00	.000	ې	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32	1 007	\$	139,340.21	\$	127.02		Ś		ċ	39.37
LEV A-INTERMEDIATE	32	1,097 0	ş	139,340.21	Ą	.00	.310	Ş	4354.38	\$	.00
LEV B-REHAB MD	13	630		74,253.04		117.86			5711.77		20.98
		030		•			.178				
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	167		.00		.00	.000		.00		.00
LEV B-REGULAR	19	467		65,087.17		139.37	.132		3425.64		18.39
@INTERMEDIATE CARE FACILDD	U	0	Ş	.00	\$	.00	.000	\$	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	Ü	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	26	83	\$	21,099.96	\$	254.22	.023	\$	811.54	\$	5.96
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	26	83		21,099.96		254.22	.023		811.54		5.96
@REHABILITATION FACILITY	3	41	\$	624.50	\$	15.23	.012	\$	208.17	\$	.18
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	3	41		624.50		15.23	.012		208.17		.18
@LABORATORY FACILITY	147	825	\$	11,427.46	\$	13.85	.233	\$	77.74	\$	3.23
PATHOLOGY	138	813		11,042.44		13.58	.230		80.02		3.12
XO AND OTHERS	11	12		385.02		32.09	.003		35.00		.11
@ORGANIZED OUTPATIENT CLINIC	275	485	\$	26,090.32	\$	53.79	.137	\$	94.87	\$	7.37
CLINIC	54	141		2,736.66		19.41	.040		50.68		.77
SURGICENTER	2	2		490.66		245.33	.001		245.33		.14
HEROIN DETOX CLINIC	2	12		178.61		14.88	.003		89.31		.05
RURAL HEALTH CLINIC	225	330		22,684.39		68.74	.093		100.82		6.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 20	02 THRU	DEC	2002	PA	AGE 6,184
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERVIO	CES FOR MN - N	o soc	- DISABLED 64 6	6G 61	H 6U 6V 6X 80	G				
							M	CNT	HLY AVERA	GE -	
2 E20 ELICIDIEC	HCEDC I	INITEC OF CEDUTO	177	EADENDIBLEC	7\ 7.71	EDACE COCH III	NITHO / DAV	С	COCH DED	-	COCH DED

3,539 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 342.82 \$ @ALL OTHER PROVIDERS 271 16,365 92,904.45 5.68 4.624 \$ 26.25 27 136.18 8 3,676.90 .008 459.61 1.04 DURABLE MED. EOUIP. 0 .00 BLOOD BANK 0 .00 .00 .000 .00 1 2 HEARING AID DISPENSERS 55.24 27.62 .001 55.24 .02 52 MEDICAL TRANSPORTATION 709 6,418.73 9.05 .200 123.44 1.81 AMBULANCES/AIR TRANS 26 432 4,742.73 10.98 .122 182.41 1.34 OTHER TRANS 3 25 99.85 3.99 .007 33.28 .03 OTHER SERVICES 23 252 1,576.15 6.25 .071 68.53 .45 ACUPUNCTURE 1 4 75.69 18.92 .001 75.69 .02 ADULT DAY HEALTH CARE CTR 384 25,636.46 66.76 .109 915.59 7.24 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 22 94 8,433.72 89.72 .027 383.35 2.38 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 57 191 2,428.00 12.71 .054 42.60 .69 PHYSICAL THERAPIST 3 68.92 22.97 .001 68.92 .02 PORTABLE X-RAY 3 6.79 2.26 .001 6.79 .00 19 .39 PROSTHETIST/ORTHOTISTS 1,389.32 73.12 .005 198.47 19 73.12 198.47 .39 1,389.32 .005 PROSTHETICS 0 ORTHOTICS 0 .00 .00 .000 .00 .00 0 0 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 12 1,605.01 40.13 .011 133.75 .45

HOSPICE SERVICES	8	225		31,137.17	138.39	.064	3892.15	8.80
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	1,123		5,745.30	5.12	.317	261.15	1.62
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	13,541		6 <b>,</b> 227.20	.46	3.826	81.94	1.76
@CALIF. CHILDREN SERVICES*	10	59	\$	4,033.82	\$ 68.37	.017	\$ 403.38	\$ 1.14
@XOVER EXCLUDING STATE HOSP**	586	4,887	\$	102,619.64	\$ 21.00	1.381	\$ 175.12	\$ 29.00
A* TOTALS IN THESE LINES ARE CIVEN	AS A SEPARAT	F TNFORMATION	TTEM ON	IT.V•				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,185
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

					MOI	NTHLY AVERA	GE
54,529 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,277	98,173	\$ 6,590,101.34	\$ 67.13	1.800	\$ 341.86	\$ 120.85
@PHYSICIANS SERVICES	5,721	13,437	\$ 682,103.07	\$ 50.76	.246	\$ 119.23	\$ 12.51
OUTPATIENT VISITS	3,640	4,654	177,956.64	38.24	.085	48.89	3.26
OFFICE VISITS	1,914	2,459	78,735.45	32.02	.045	41.14	1.44
HOME VISITS	1	1	44.95	44.95	.000	44.95	.00
EMERGENCY ROOM	1,757	2,004	91,004.82	45.41	.037	51.80	1.67
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.00
OB VISITS/COMPRE PERI	44	102	5,294.04	51.90	.002	120.32	.10
OTHER OUTPATIENT	75	82	2,619.40	31.94	.002	34.93	.05
INPATIENT VISITS	240	1,002	73,917.57	73.77	.018	307.99	1.36
HOSPITAL VISITS	229	762	36,808.39	48.30	.014	160.74	.68
CRITICAL CARE	31	229	36,841.68	160.88	.004	1188.44	.68
SNF/ICF/TRANS IP CARE	5	11	267.50	24.32	.000	53.50	.00
OPHTHALMOLOGICAL SERVICES	132	158	6,825.86	43.20	.003	51.71	.13

	4.00	4 = 0								
EXAMINATIONS	132	158		6,825.86		43.20	.003	51.71		.13
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	479	1,743		217,701.96		124.90	.032	454.49		3.99
PRINCIPAL SURGEON	345	396		179,965.23		454.46	.007	521.64		3.30
ASSISTANT SURGEON	19	19		3,574.28		188.12	.000	188.12		.07
ANESTHESIOLOGIST	151	1,328		34,162.45		25.72	.024	226.24		.63
OUTPATIENT SURGERY	545	1,262		68,043.37		53.92	.023	124.85		1.25
PRINCIPAL SURGEON	473	640		54,081.80		84.50	.012	114.34		.99
ASSISTANT SURGEON	2	2		284.29		142.15	.000	142.15		.01
ANESTHESIOLOGIST	101	620		13,677.28		22.06	.011	135.42		.25
DIALYSIS	5	6		1,607.46		267.91	.000	321.49		.03
PATHOLOGY	359	693		7,258.31		10.47	.013	20.22		.13
RADIOLOGY	1,561	2,162		75,813.80		35.07	.040	48.57		1.39
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	75	165		1,577.77		9.56	.003	21.04		.03
OTHER SERVICES/ALL X-OVERS	697	1,592		51,400.33		32.29	.029	73.75		.94
@PHARMACY	7,856	19,616	\$	943,553.85	\$	48.10	.360	\$ 120.11	\$	17.30
PRESCRIPTION DRUGS	7,754	16,712		909,092.15		54.40	.306	117.24		16.67
SNF/ICF	33	95		34,754.45		365.84	.002	1053.17		.64
OUTPATIENTS	7,731	16,617		874,337.70		52.62	.305	113.10		16.03
MEDICAL SUPPLIES	305	2,904		34,461.70		11.87	.053	112.99		.63
@DENTIST	2,509	8,971	\$	299,242.09	\$	33.36	.165	\$	\$	5.49
VISITS - DIAGNOSTIC	1,833	6,030		105,724.57		17.53	.111	57.68		1.94
ORAL SURGERY	263	452		26,478.00		58.58	.008	100.68		.49
DRUGS	74	80		1,671.75		20.90	.001	22.59		.03
ANESTHESIA	15	15		1,400.00		93.33	.000	93.33		.03
PERIODONTICS	50	53		7,506.25		141.63	.001	150.13		.14
ENDODONTICS	159	244		33,828.75		138.64	.004	212.76		.62
RESTORATIVE DENTISTRY	841	1,907		112,498.50		58.99	.035	133.77		2.06
PROSTHETICS	10	12		300.00		25.00	.000	30.00		.01
DENTURES, STAYPLATES	20	85		5,237.00		61.61	.002	261.85		.10
SPACE MAINTAINERS	13	15		1,440.00		96.00	.000	110.77		.03
MAXILLOFACIAL SERVICES	4	5		250.00		50.00	.000	62.50		.00
FRACTURES, DISLOCATIONS	3	3		105.00		35.00	.000	35.00		.00
ORTHODONTIC SERVICES	42	52		2,652.27		51.01	.001	63.15		.05
ALL OTHER SERVICES	11	18		150.00		8.33	.000	13.64		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES 1		ZPORT				ΡZ	AGE 6,186
MOP024	FEE-FOR-SERVICE/DE		1		01(1			 _ 0 0 _		01/17/03
MARIN COUNTY	SUMMARY OF SERVICE		OC-F	AM 34 39 3N 3T 3V	54 59	) 5.T 5W-5Y	6.T			31/1//00
		010 1100								

						MC	rnc	THLY AVERA	GΕ	
54,529 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	CRAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	197	402	\$ 11,608.52	\$	28.88	.007	\$	58.93	\$	.21
DIAGNOSTIC AND ANC. PROCED	177	177	8,330.62		47.07	.003		47.07		.15
EYE APPLIANCES	72	225	3,277.90		14.57	.004		45.53		.06
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	10	21	\$ 351.12	\$	16.72	.000	\$	35.11	\$	.01
VISITS	10	21	351.12		16.72	.000		35.11		.01
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	39	68	\$ 2,326.64	\$	34.22	.001	\$	59.66	\$	.04
MEDICINE/INJECTIONS	37	41	1,193.98		29.12	.001		32.27		.02
SURGERY/ANES.	5	6	74.00		12.33	.000		14.80		.00
RADIO./PATHOLOGY	5	9	159.14		17.68	.000		31.83		.00
OTHER	6	12	899.52		74.96	.000		149.92		.02
@HOME HEALTH AGENCY	242	437	\$ 24,379.48	\$	55.79	.008	\$	100.74	\$	.45
NURSE ANESTHESIST	1	15	\$ 248.54	\$	16.57	.000	\$	248.54	\$	.00

NURSE MIDWIFE	2	12	Ċ	309.21	\$	25.77	.000	Ċ	154.61	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	¢	6.38	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	2	7	¢	63.10	\$	9.01	.000				.00
@TOTAL HOSPITAL	3,626	13,792	¢	3,042,969.52		220.63	.253				55.80
HOSP INPATIENT TOTAL	487	1,887	Y	2,630,449.64	Y	1393.98	.035		5401.33	Y	48.24
HSC HOSPITALS	467	1,831		2,550,297.68		1393.96	.034		5461.02		46.77
NON-HSC HOSPITAL TOTAL	20	51		79,339.96		1555.69	.001		3967.00		1.46
ACCOMMODATIONS	20	51		30,165.40		591.48	.001		1508.27		.55
ACCOMMODATIONS ADMINISTRATIVE DAYS	20	2		61.37		30.69	.001		30.69		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	49		30,104.03		614.37	.000		1584.42		.55
ANCILLARIES	20	0		49,174.56		.00	.001		2458.73		.90
	20 1	-									
INPATIENT CROSSOVERS	0	5 0		812.00 .00		162.40	.000		812.00		.01
ALL OTHER INPATIENT	-	-									
HOSP OUTPATIENT TOTAL	3,283	11,905		412,519.88		34.65	.218		125.65		7.57
MEDICAL	1,351	1,828		68,414.61		37.43	.034		50.64		1.25
SURGERY	259	369		15,331.28		41.55	.007		59.19		.28
PATHOLOGY	1,040	3,741		39,937.67		10.68	.069		38.40		.73
RADIOLOGY	1,036	1,302		92,566.72		71.10	.024		89.35		1.70
ROOM USE	1,610	2,068		87,453.40		42.29	.038		54.32		1.60
CROSSOVERS/ALL OTH OUTPTNT	•	2,597	_	108,816.20	_	41.90	.048		84.75	_	2.00
@COUNTY HOSPITAL TOTAL	51	278	\$	18,747.93	Ş		.005			Ş	.34
CO HOSPITAL INPATIENT TOTAL	6	11		11,403.02		1036.64	.000		1900.50		.21
HSC HOSPITALS	6	11		11,403.02		1036.64	.000		1900.50		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	46	267		7,344.91		27.51	.005		159.67		.13
MEDICAL	13	16		414.80		25.93	.000		31.91		.01
SURGERY	14	19		550.41		28.97	.000		39.32		.01
PATHOLOGY	26	129		2,543.13		19.71	.002		97.81		.05
RADIOLOGY	6	6		363.43		60.57	.000		60.57		.01
ROOM USE	29	51		2,541.46		49.83	.001		87.64		.05
CROSSOVERS/ALL OTH OUTPTNT	19	46		931.68		20.25	.001		49.04		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPOF	RT FOR JAN	2002 THRU	DE	C 2002	PAG	GE 6,187
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
							_				

----- MONTHLY AVERAGE -----54,529 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,580 13,514 3,024,221.59 \$ 223.78 .248 \$ 844.75 \$ 55.46 @COMMUNITY HOSPITAL TOTAL 481 1,876 1396.08 .034 5445.00 COMM HOSP INPATIENT TOTAL 2,619,046.62 48.03 HSC HOSPITALS 461 1,820 2,538,894.66 1395.00 .033 5507.36 46.56 NON-HSC HOSPITALS TOTAL 20 51 79,339.96 1555.69 .001 3967.00 1.46 51 30,165.40 591.48 .55 ACCOMMODATIONS .001 1508.27 61.37 30.69 .000 30.69 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 49 .55 19 30,104.03 614.37 .001 1584.42 ALL OTHER ACCOM ANCILLARIES 20 0 49,174.56 .00 .000 2458.73 .90 INPATIENT CROSSOVERS 1 5 812.00 162.40 .000 812.00 .01 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

MARIN COUNTY

COMM HOSP OUTPATIENT TOTAL	3,242	11,638		405,174.97		34.81	.213		124.98		7.43
MEDICAL	1,339	1,812		67,999.81		37.53	.033		50.78		1.25
SURGERY	246	350		14,780.87		42.23	.006		60.08		.27
PATHOLOGY	1,014	3,612		37,394.54		10.35	.066		36.88		.69
RADIOLOGY	1,031	1,296		92,203.29		71.14	.024		89.43		1.69
ROOM USE	1,586	2,017		84,911.94		42.10	.037		53.54		1.56
CROSSOVERS/ALL OTH OUTPTNT		2,551		107,884.52		42.29	.047		85.22		1.98
@STATE HOSPITAL	_,,	_, -, -	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т.	.00	т.	.00	.000	-	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	348	Ś	42,509.64	\$	122.15		\$ 1	4169.88	Ś	.78
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	Υ 1	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	348		42,509.64		122.15	.006	1	4169.88		.78
@INTERMEDIATE CARE FACILDD	5	0	Ś	.00	\$	.00	.000		.00	ċ	.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	443	\$	13,631.75	\$	30.77	.000	ċ	1514.64	ċ	.25
	0	443	Ş	•	Ą		.008	Ş		Ą	.25
HOSPITAL BASED	0	•		.00		.00			.00		
HEMODIALYSIS CENTER	9	443	<b>^</b>	13,631.75	<u> </u>	30.77	.008		1514.64	<u>^</u>	.25
@REHABILITATION FACILITY	8	94	\$	1,375.78	\$	14.64	.002	Ş	171.97	Ş	.03
HOSPITAL BASED	0 8 2,709	1CR		7.58		7.58CR	.000		.00		.00
INDEPENDENT FACILITY	8	95		1,368.20		14.40	.002		171.03		.03
	2,709	10,073	\$	136,993.74	\$	13.60	.185	Ş	50.57	Ş	2.51
PATHOLOGY	2,699	10,058		135,717.87		13.49	.184		50.28		2.49
XO AND OTHERS	13	15		1,275.87		85.06	.000		98.14		.02
@ORGANIZED OUTPATIENT CLINIC	6,835	22,400	\$	1,256,082.96	\$	56.08		Ş	183.77	Ş	23.04
CLINIC	2,128	14,175		261,523.35		18.45	.260		122.90		4.80
SURGICENTER	2	9		199.88		22.21	.000		99.94		.00
HEROIN DETOX CLINIC	3	46		540.36		11.75	.001		180.12		.01
RURAL HEALTH CLINIC	5,023	8,170		993,819.37		121.64	.150		197.85		18.23
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU	DEC	2002	P.F	AGE 6,188
MOP024	FEE-FOR-SERVICE										01/17/03
MARIN COUNTY	SUMMARY OF SERV	/ICES FOR MN-NOSC	C-FA	M 34 39 3N 3T 3V	54 59	) 5J 5W-5Y					
							M				
54,529 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			OST PER	(	COST PER
		OR DAYS OF CARE	1		PEF	R UNIT/DAY	-		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,310	8,037	\$	132,345.95	\$		.147	\$	101.03	\$	2.43
DURABLE MED. EQUIP.	59	81		5,971.64		73.72	.001		101.21		.11
BLOOD BANK	Ω	0		0.0		0.0	000		0.0		0.0

54,529 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,310	8,037	\$ 132,345.95	\$ 16.47	.147 \$	101.03	\$ 2.43
DURABLE MED. EQUIP.	59	81	5,971.64	73.72	.001	101.21	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	47	5,652.83	120.27	.001	513.89	.10
MEDICAL TRANSPORTATION	136	1,412	36,855.31	26.10	.026	270.99	.68
AMBULANCES/AIR TRANS	135	1,400	24,214.02	17.30	.026	179.36	. 44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	12	12,641.29	1053.44	.000	1580.16	.23
ACUPUNCTURE	36	80	1,459.75	18.25	.001	40.55	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	175	177	14,981.00	84.64	.003	85.61	.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	296	804	9,426.48	11.72	.015	31.85	.17
PHYSICAL THERAPIST	2	5	89.96	17.99	.000	44.98	.00

PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	51	137	19,520.83		142.49	.003	382.76	.36
PROSTHETICS	46	131	19,080.99		145.66	.002	414.80	.35
ORTHOTICS	5	6	439.84		73.31	.000	87.97	.01
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	13	652.84		50.22	.000	108.81	.01
HOSPICE SERVICES	1	5	818.55		163.71	.000	818.55	.02
NONINST BIRTHING CENTERS	1	1	1,007.23	1	.007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	532	3,248	34,751.77		10.70	.060	65.32	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	16	2,027	1,157.76		.57	.037	72.36	.02
@CALIF. CHILDREN SERVICES*	226	2,209	\$ 499,604.63	\$	226.17	.041	\$ 2210.64	\$ 9.16
@XOVER EXCLUDING STATE HOSP**	69	235	\$ 17,199.90	\$	73.19	.004	\$ 249.27	\$ .32

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,189
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

					MOI	NTHLY AVERA	GE
63,624 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25 <b>,</b> 407	184,516	\$ 11,046,801.96	\$ 59.87	2.900	\$ 434.79	\$ 173.63
@PHYSICIANS SERVICES	6 <b>,</b> 970	18,125	\$ 868,452.32	\$ 47.91	.285	\$ 124.60	\$ 13.65
OUTPATIENT VISITS	4,035	5 <b>,</b> 235	202,174.24	38.62	.082	50.11	3.18
OFFICE VISITS	2,174	2,825	90,994.11	32.21	.044	41.86	1.43
HOME VISITS	1	1	44.95	44.95	.000	44.95	.00
EMERGENCY ROOM	1,898	2,189	102,137.38	46.66	.034	53.81	1.61
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.00
OB VISITS/COMPRE PERI	44	102	5,294.04	51.90	.002	120.32	.08
OTHER OUTPATIENT	101	112	3,445.78	30.77	.002	34.12	.05
INPATIENT VISITS	357	1,847	111,937.56	60.61	.029	313.55	1.76
HOSPITAL VISITS	338	1,558	70,171.28	45.04	.024	207.61	1.10
CRITICAL CARE	40	264	40,882.88	154.86	.004	1022.07	.64
SNF/ICF/TRANS IP CARE	15	25	883.40	35.34	.000	58.89	.01
OPHTHALMOLOGICAL SERVICES	164	194	8,608.78	44.38	.003	52.49	.14
EXAMINATIONS	164	194	8,608.78	44.38	.003	52.49	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	534	1,991	241,863.34	121.48	.031	452.93	3.80
PRINCIPAL SURGEON	389	463	199,537.04	430.97		512.95	3.14
ASSISTANT SURGEON	22	22	4,355.37	197.97		197.97	.07
ANESTHESIOLOGIST	165	1,506	37 <b>,</b> 970.93	25.21	.024	230.13	.60
OUTPATIENT SURGERY	624	1,562	88,830.48	56.87	.025	142.36	1.40
PRINCIPAL SURGEON	537	727	72,625.93	99.90	.011	135.24	1.14
ASSISTANT SURGEON	2	2	284.29	142.15	.000	142.15	.00
ANESTHESIOLOGIST	117	833	15 <b>,</b> 920.26	19.11	.013	136.07	.25
DIALYSIS	6	7	1,832.50	261.79	.000	305.42	.03
PATHOLOGY	418	918	8,988.69	9.79	.014	21.50	.14
RADIOLOGY	1,789	2,647	96,961.46	36.63	.042	54.20	1.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	88	216	22 <b>,</b> 797.56	105.54	.003	259.06	.36
OTHER SERVICES/ALL X-OVERS	1,422	3,508	84,457.71	24.08	.055	59.39	1.33
@PHARMACY	12,702	49,369	\$ 2,947,109.36	\$ 59.70	.776		
PRESCRIPTION DRUGS	12,549	36,156	2,890,796.15	79.95	.568	230.36	45.44

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	254	1,399		192,016.59		137.25	.022		755.97		3.02
OUTPATIENTS	12,329	34,757		2,698,779.56		77.65	.546		218.90		42.42
MEDICAL SUPPLIES	553	13,213		56,313.21		4.26	.208		101.83		.89
@DENTIST	3,087	10,837	\$	394,743.76	\$	36.43	.170	\$	127.87	\$	6.20
VISITS - DIAGNOSTIC	2,212	7,094		123,851.23		17.46	.111		55.99		1.95
ORAL SURGERY	342	627		34,892.00		55.65	.010		102.02		.55
DRUGS	74	80		1,671.75		20.90	.001		22.59		.03
ANESTHESIA	15	15		1,400.00		93.33	.000		93.33		.02
PERIODONTICS	71	76		11,516.25		151.53	.001		162.20		.18
ENDODONTICS	195	284		41,572.75		146.38	.004		213.19		.65
RESTORATIVE DENTISTRY	1,004	2,266		143,689.50		63.41	.036		143.12		2.26
PROSTHETICS	26	33		2,060.00		62.42	.001		79.23		.03
DENTURES, STAYPLATES	86	269		29,493.01		109.64	.004		342.94		.46
SPACE MAINTAINERS	13	15		1,440.00		96.00	.000		110.77		.02
MAXILLOFACIAL SERVICES	4	5		250.00		50.00	.000		62.50		.00
FRACTURES, DISLOCATIONS	3	3		105.00		35.00	.000		35.00		.00
ORTHODONTIC SERVICES	42	52		2,652.27		51.01	.001		63.15		.04
ALL OTHER SERVICES	11	18		150.00		8.33	.000		13.64		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2002 THRU I	DEC	2002	P.	AGE 6,190
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICAL	LY NEEDY - NO SOC							
							MC	TNC	HLY AVERA	GE	
63,624 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		ERAGE COST		3	COST PER	(	COST PER
		OR DAYS OF CAR	E		PE.	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	254	527	\$	15,152.21	\$		.008	\$	59.65	\$	.24
DIAGNOSTIC AND ANC. PROCED	217	219		10,222.62		46.68	.003		47.11		.16
EYE APPLIANCES	101	303		4,904.18		16.19	.005		48.56		.08
OTHER OPTOMETRIC SERVICES	3	5		25.41		5.08	.000		8.47		.00
@CHIROPRACTOR	10	21	\$	351.12	\$	16.72	.000	\$	35.11	\$	.01
VISITS	10	21		351.12		16.72	.000		35.11		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	116	178	\$	3,506.98	\$	19.70	.003	\$	30.23	\$	.06

MEDICINE/INJECTIONS	45	49	1,481.58	30.24	.001	32.92	.02
SURGERY/ANES.	5	6	74.00	12.33	.000	14.80	.00
RADIO./PATHOLOGY	5	9	159.14	17.68	.000	31.83	.00
OTHER	75	114	1,792.26	15.72	.002	23.90	.03
@HOME HEALTH AGENCY	287	4,253 \$	147,551.31	\$ 34.69	.067 \$		
NURSE ANESTHESIST	1	15 \$	248.54	\$ 16.57	.000 \$		\$ .00
NURSE MIDWIFE	2	12 \$	309.21	\$ 25.77	.000 \$		\$ .00
		0 \$					•
PEDIATRIC NURSE PRACTITIONER	•		6.38	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	2	7 \$	63.10	\$ 9.01	.000 \$		
@TOTAL HOSPITAL	4,595	19,559 \$	4,096,872.38	\$ 209.46	.307 \$		
HOSP INPATIENT TOTAL	620	2,897	3,530,712.99	1218.75	.046	5694.70	55.49
HSC HOSPITALS	543	2,320	3,242,888.33	1397.80	.036	5972.17	50.97
NON-HSC HOSPITAL TOTAL	30	124	224 <b>,</b> 786.94	1812.80	.002	7492.90	3.53
ACCOMMODATIONS	30	124	65 <b>,</b> 316.46	526.75	.002	2177.22	1.03
ADMINISTRATIVE DAYS	9	45	10,088.63	224.19	.001	1120.96	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	79	55,227.83	699.09	.001	2510.36	.87
ANCILLARIES	30	0	159,470.48	.00	.000	5315.68	2.51
INPATIENT CROSSOVERS	55	453	63,037.72	139.16	.007	1146.14	.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,169	16,662	566,159.39	33.98	.262	135.80	8.90
MEDICAL	1,547	2,166	81,386.06	37.57	.034	52.61	1.28
SURGERY	305	456	18,917.32	41.49	.007	62.02	.30
PATHOLOGY	1,225	4,750	51,802.76	10.91	.075	42.29	.81
RADIOLOGY	1,202	1,611	123,923.06	76.92	.025	103.10	1.95
	1,810	2,397		42.26	.038	55.96	1.59
ROOM USE		•	101,291.53				
CROSSOVERS/ALL OTH OUTPTNT	•	5,282	188,838.66	35.75	.083	100.29	2.97
@COUNTY HOSPITAL TOTAL	57	293 \$	19,202.92	\$ 65.54	.005 \$		
CO HOSPITAL INPATIENT TOTAL	6	11	11,403.02	1036.64	.000	1900.50	.18
HSC HOSPITALS	6	11	11,403.02	1036.64	.000	1900.50	.18
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	52	282	7,799.90	27.66	.004	150.00	.12
MEDICAL	15	18	548.16	30.45	.000	36.54	.01
SURGERY	14	19	550.41	28.97	.000	39.32	.01
PATHOLOGY	29	133	2,598.34	19.54	.002	89.60	.04
RADIOLOGY	7	7	378.02	54.00	.000	54.00	.01
ROOM USE	34	56	2,762.76	49.34	.001	81.26	.04
CROSSOVERS/ALL OTH OUTPTNT		49	962.21	19.64	.001	43.74	.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 6,191
MOP024	FEE-FOR-SERVICE			DIOINI ION OIN 2	OUL IIIIO DE	0 2002	01/17/03
MARIN COUNTY		ICES FOR 28 MEDICALL	Y NEEDY - NO SOC				01/11/03
THINKIIN COONTI	DOIMMING OF BEING	TODO TOTO ZO FINDIONINI	I WEED! NO BOO		MON	THIY AVERA	GE
63,624 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
05,024 EDIGIDED	OSERS	OR DAYS OF CARE	LATENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,545	19,266 \$	4,077,669.46	\$ 211.65	.303 \$		
	614	•		1219.44		5731.78	55.31
COMM HOSP INPATIENT TOTAL		2,886	3,519,309.97 3,231,485.31		.045		
HSC HOSPITALS	537	2,309	224,786.94	1399.52	.036	6017.66	50.79
NON-HSC HOSPITALS TOTAL	30	124	•	1812.80	.002	7492.90	3.53
ACCOMMODATIONS	30	124	65,316.46	526.75	.002	2177.22	1.03

				40.000.00							
ADMINISTRATIVE DAYS	9	45		10,088.63		224.19	.001		1120.96		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22	79		55,227.83		699.09	.001		2510.36		.87
ANCILLARIES	30	0		159,470.48		.00	.000		5315.68		2.51
INPATIENT CROSSOVERS	55	453		63,037.72		139.16	.007		1146.14		.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,124	16,380		558,359.49		34.09	.257		135.39		8.78
MEDICAL	1,534	2,148		80,837.90		37.63	.034		52.70		1.27
SURGERY	292	437		18,366.91		42.03	.007		62.90		.29
PATHOLOGY	1 <b>,</b> 197	4,617		49,204.42		10.66	.073		41.11		.77
				123,545.04		77.02					1.94
RADIOLOGY	1,196	1,604					.025		103.30		
ROOM USE	1,782	2,341		98,528.77		42.09	.037		55.29		1.55
CROSSOVERS/ALL OTH OUTPTNT	•	5,233		187,876.45		35.90	.082		100.90		2.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	168	4,899	\$	679 <b>,</b> 786.92	\$	138.76	.077	\$	4046.35	\$	10.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	14	666		78,485.59		117.85	.010		5606.11		1.23
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	154	4,233		601,301.33		142.05	.067		3904.55		9.45
	0	•	\$	•	\$			<u>~</u>		ċ	
@INTERMEDIATE CARE FACILDD	0	0	P		Ş	.00	.000	Þ	.00	Þ	.00
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	Ü	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	58	551	\$		\$	96.80	.009	\$	919.59	\$	.84
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	58	551		53,336.21		96.80	.009		919.59		.84
@REHABILITATION FACILITY	12	136	\$	2,044.65	\$	15.03	.002	\$	170.39	\$	.03
HOSPITAL BASED	1	0		51.95		.00	.000		51.95		.00
INDEPENDENT FACILITY	11	136		1,992.70		14.65	.002		181.15		.03
@LABORATORY FACILITY	3,068	12,627	\$		\$		.198	Ś	52.85	Ś	2.55
PATHOLOGY	3,035	12,576	т.	159,244.66	т	12.66	.198	т.	52.47	т.	2.50
XO AND OTHERS	44	51		2,903.02		56.92	.001		65.98		.05
@ORGANIZED OUTPATIENT CLINIC	7,572	23,610	Ċ		\$		.371	Ċ		Ċ	21.05
CLINIC CLINIC	2,215	14,374	Y	266,255.66	Y	18.52	.226	Y	120.21	Y	4.18
	2 <b>,</b> 213	14,374		1,306.53		93.32	.000		186.65		.02
SURGICENTER	5	58									
HEROIN DETOX CLINIC				718.97		12.40	.001		143.79		.01
RURAL HEALTH CLINIC	5,683	9,164		1,071,249.66		116.90	.144		188.50	_	16.84
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT RE	EPORT	' FOR JAN	2002 THRU	DEC	2002	Ρ.	AGE 6,192
MOP024	FEE-FOR-SERVICE	,									01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICALL	Y NEEDY - NO SOC							
									HLY AVERA		
63,624 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARI	Ε			R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2 <b>,</b> 038	39 <b>,</b> 790	\$	335 <b>,</b> 589.01	\$	8.43	.625	\$	164.67	\$	5.27
DURABLE MED. EQUIP.	87	160		17,706.74		110.67	.003		203.53		.28
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	37	79		8,665.56		109.69	.001		234.20		.14
MEDICAL TRANSPORTATION	269	2,732		50,632.69		18.53	.043		188.23		.80
AMBULANCES/AIR TRANS	185	1,992		32,424.44		16.28	.031		175.27		.51
OTHER TRANS	5	31		153.21		4.94	.000		30.64		.00
OTHER SERVICES	87	709		18,055.04		25.47	.011		207.53		.28
ACUPUNCTURE	48	110		2,011.21		18.28	.002		41.90		.03
11001 01101 01/11	70	110		2,011.21		10.20	.002		±1.0U		.05

ADULT DAY HEALTH CARE CTR	79	1,025	68 <b>,</b> 516.19	66.85	.016	867.29	1.08
GENETIC DISEASE TESTING	175	177	14,981.00	84.64	.003	85.61	.24
IHMC, MODEL-NF, NF, AIDS, MSSP	104	495	37,363.18	75.48	.008	359.26	.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	452	1,287	15,721.27	12.22	.020	34.78	.25
PHYSICAL THERAPIST	3	8	158.88	19.86	.000	52.96	.00
PORTABLE X-RAY	3	6	10.57	1.76	.000	3.52	.00
PROSTHETIST/ORTHOTISTS	64	172	21,450.12	124.71	.003	335.16	.34
PROSTHETICS	58	165	20,928.97	126.84	.003	360.84	.33
ORTHOTICS	6	7	521.15	74.45	.000	86.86	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25	66	5,032.64	76.25	.001	201.31	.08
HOSPICE SERVICES	15	254	34,730.53	136.73	.004	2315.37	.55
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	556	4,571	41,145.35	9.00	.072	74.00	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	220	28,647	16,455.85	.57	.450	74.80	.26
@CALIF. CHILDREN SERVICES*	238	2,270	\$ 504,836.44	\$ 222.39	.036	\$ 2121.16	\$ 7.93
@XOVER EXCLUDING STATE HOSP**	1,283	7,719	\$ 241,337.69	\$ 31.27	.121	\$ 188.10	\$ 3.79

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,193
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----141 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,510 \$ \$ 92.32 17.801 \$ 1206.87 \$ 1643.39 @TOTAL, ALL PROVIDERS 192 231,718.65 50 Ś 38.98 .355 \$ 108.28 \$ 13.82 @PHYSICIANS SERVICES 18 1,948.98 \$ .000 OUTPATIENT VISITS 0 0 31.17 .00 .00 .22 .00 .00 OFFICE VISITS 11.64 .000 .00 HOME VISITS 0 0 .00 .00 .000 .00 19.53 .00 Ω .00 .000 EMERGENCY ROOM .14 .000 PREVENTIVE CARE .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .00 .000 .00 .000 HOSPITAL VISITS .00 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 . 00 . 00 .00 .00 .000 EXAMINATIONS 0 .00 .00 .000 .00 .00 SERVICES AND MATERIALS .007 INPATIENT HOSPITAL SURGERY 1 643.60 643.60 643.60 4.56 .007 PRINCIPAL SURGEON 643.60 643.60 643.60 4.56 ASSISTANT SURGEON .00 .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY 130.57 43.52 130.57 .021 .93 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 130.57 43.52 .021 130.57 .93 .000 DIALYSIS .00 .00 .00 .00 PATHOLOGY 8.08 8.08 .007 8.08 .06

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2	2		39.34	1	9.67	.014		19.67		.28
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	14	43		1,096.22	2	5.49	.305		78.30		7.77
@PHARMACY	89	360	\$	19,759.14	\$ 5	4.89	2.553	\$	222.01	\$	140.14
PRESCRIPTION DRUGS	87	355		19,619.64	5	5.27	2.518		225.51		139.15
SNF/ICF	35	182		7,047.27	3	8.72	1.291		201.35		49.98
OUTPATIENTS	54	173		12,572.37	7	2.67	1.227		232.82		89.17
MEDICAL SUPPLIES	4	5		139.50	2	7.90	.035		34.88		.99
@DENTIST	28	113	\$	4,012.00	\$ 3	5.50	.801	\$	143.29	\$	28.45
VISITS - DIAGNOSTIC	14	37		224.00		6.05	.262		16.00		1.59
ORAL SURGERY	7	26		560.00	2	1.54	.184		80.00		3.97
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00	20	0.00	.007		200.00		1.42
ENDODONTICS	1	2		590.00	29	5.00	.014		590.00		4.18
RESTORATIVE DENTISTRY	11	20		1,469.00	7	3.45	.142		133.55		10.42
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	27		969.00	3	5.89	.191		242.25		6.87
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH	I-OF-PAYMENT REI	PORT FO	R JAN	2002 THRU	DEC	2002	PP	AGE 6,194
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

AID CODE

.00

.000

.00

.01

----- MONTHLY AVERAGE -----141 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 23.87 .050 \$ 83.55 \$ 1.19 167.10 46.23 46.23 DIAGNOSTIC AND ANC. PROCED 92.45 .014 .66 EYE APPLIANCES 5 74.65 14.93 .035 37.33 .53 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 .000 .00 VISITS 0 .00 .00 .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST 6.61 6.61 .007 \$ 6.61 \$ .05 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 6.61 6.61 .007 6.61 .05 @HOME HEALTH AGENCY .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 .00 .00 .00 .000 \$ .00 NURSE MIDWIFE 0 .00 .00 .00 .000 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 .000 \$ FAMILY NURSE PRACTITIONER .00 .00 .00 .00 99 @TOTAL HOSPITAL 14,234.76 \$ 143.79 .702 \$ 790.82 \$ 100.96 HOSP INPATIENT TOTAL 55 12,422.01 225.85 .390 2070.34 88.10 1585.00 3170.00 22.48 HSC HOSPITALS 3,170.00 .014 NON-HSC HOSPITAL TOTAL 11.34 .00 .000 .00 .08 9.37 .00 .00 ACCOMMODATIONS .000 .07 9.37 .00 .000 .00 .07 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00

1.97

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

MARIN COUNTY

ANCILLARIES

INPATIENT CROSSOVERS	5	53		9,240.67	174.35	.376	1848.13		65.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	12	44		1,812.75	41.20	.312	151.06		12.86
MEDICAL	1	4		53.99	13.50	.028	53.99		.38
SURGERY	1	1		59.58	59.58	.007	59.58		.42
PATHOLOGY	2	6		58.48	9.75	.043	29.24		.41
RADIOLOGY	2	3		95.12	31.71	.021	47.56		.67
ROOM USE	1	3		193.28	64.43	.021	193.28		1.37
CROSSOVERS/ALL OTH OUTPINT	10	27		1,352.30	50.09	.191	135.23		9.59
@COUNTY HOSPITAL TOTAL	0	0	\$		\$ .00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MO	NTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU DE	C 2002	PAGE	-,
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC	- AGED	AID C				
						MON'	THLY AVERA	GE	

141 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	99	\$	14,234.76	\$	143.79	.702		790.82	\$	100.96
COMM HOSP INPATIENT TOTAL	6	55	·	12,422.01	·	225.85	.390		2070.34		88.10
HSC HOSPITALS	1	2		3,170.00		1585.00	.014		3170.00		22.48
NON-HSC HOSPITALS TOTAL	0	0		11.34		.00	.000		.00		.08
ACCOMMODATIONS	0	0		9.37		.00	.000		.00		.07
ADMINISTRATIVE DAYS	0	0		9.37		.00	.000		.00		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		1.97		.00	.000		.00		.01
INPATIENT CROSSOVERS	5	53		9,240.67		174.35	.376		1848.13		65.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12	4 4		1,812.75		41.20	.312		151.06		12.86
MEDICAL	1	4		53.99		13.50	.028		53.99		.38
SURGERY	1	1		59.58		59.58	.007		59.58		.42
PATHOLOGY	2	6		58.48		9.75	.043		29.24		.41
RADIOLOGY	2	3		95.12		31.71	.021		47.56		.67
ROOM USE	1	3		193.28		64.43	.021		193.28		1.37
CROSSOVERS/ALL OTH OUTPTNT	10	27		1,352.30		50.09	.191		135.23		9.59
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	53	1,591	\$	176,762.04	\$	111.10	11.284	\$	3335.13	\$	1253.63
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	53	1,591		176,762.04		111.10	11.284		3335.13		1253.63
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	25	\$	138.60	\$	5.54	.177	\$	69.30	\$	.98
PATHOLOGY	2	25	Ą	138.60	Ą	5.54	.177	۲	69.30	۲	.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	20	\$	901.18	\$	45.06		\$	100.13	\$	6.39
CLINIC CLINIC	0	0	Y	.00	Y	.00	.000	٧	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	20				45.06					6.39
#CALIF DEPT OF HEALTH SERV			RES MO								
	FEE-FOR-SERVICE						1002 111110		2002		01/17/03
MARIN COUNTY		VICES FOR 29 MN -	- SOC	- AGED		AID CO	ODE				,,
							M	ONT	HLY AVERA	GE.	
141 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	ERAGE COST					
		OR DAYS OF CARE	2		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	23	244	\$	13,788.24	\$	56.51	1.730	\$	599.49	\$	97.79
DURABLE MED. EQUIP.	0	0		.00		.00			.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

MEDICAL TRANSPORTATION	5	31	343.56	11.08	.220	68.71	2.44	
AMBULANCES/AIR TRANS	1	4	117.81	29.45	.028	117.81	.84	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	4	27	225.75	8.36	.191	56.44	1.60	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	10	113	5,566.11	49.26	.801	556.61	39.48	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3	7	96.55	13.79	.050	32.18	.68	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	5	93	7,782.02	83.68	.660	1556.40	55.19	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00	
@XOVER EXCLUDING STATE HOSP**	33	93	\$ 12,219.79		.660	370.30 \$	86.67	
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION IT	EM ONLY;					
THE AMOUNTS ARE ALREADY INCLUDE	D IN THE APPROP	RIATE DETAIL L	INES ABOVE.					
** THESE DATA ARE INCLUDED IN THE	APPROPRIATE DE	TAIL LINES ABO	VE.					

.00

.00

.000

.00

.00

0

0

HEARING AID DISPENSERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,197 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

IMMCIN OCCULI	DOIMMING OF DEEK	VIOLD IOIC	00 1111	500	DHIND		1110 00	,,,,				
								M	ONTHL	Y AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	s co	ST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1		5	\$	357.44	\$	71.49	.000	\$	357.44	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00

OOTIMITENT BONGEN	O		0		• 0 0		. 00	.000		• 0 0		• 0 0
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	Ô		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00							
RADIOLOGY	U		-				.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	1		5	\$	357.44	\$	71.49	.000	\$	357.44	\$	.00
PRESCRIPTION DRUGS	1		5		357.44		71.49	.000		357.44		.00
SNF/ICF	_ 1		5		357.44		71.49	.000		357.44		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
	0		0					.000		.00		
MEDICAL SUPPLIES	0		-		.00		.00					.00
@DENTIST	Ü		0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
	0		0									
PROSTHETICS	U		Ü		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 MEDI-CAL SERVIC	TES AND EXE	0 0 PENDITIE	ES MON	.00	E PORT	.00	.000	DEC	.00	PAGE	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		•	ES MON		EPORT	.00	.000	DEC	.00		.00 6,198
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	E/DENTAL	PENDITUR:		.00 TH-OF-PAYMENT RI	EPORT	.00 FOR JAN :	.000 2002 THRU	DEC	.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	E/DENTAL	PENDITUR:		.00 TH-OF-PAYMENT RI	EPORT	.00	.000 2002 THRU ODE		.00	0	.00 6,198
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR	PENDITUR 30 MN -	SOC -	.00 TH-OF-PAYMENT RE		.00 FOR JAN :	.000 2002 THRU ODE M	ONT	.00 2002 HLY AVERA	0 GE	.00 6,198 1/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	E/DENTAL /ICES FOR UNITS OF	PENDITUR 30 MN - SERVICE	SOC -	.00 TH-OF-PAYMENT RI	AVER.	.00 FOR JAN : AID CO AGE COST	.000 2002 THRU ODE M UNITS/DAY	ONT S (	.00 2002 HLY AVERA COST PER	0 GE COS	.00 6,198 1/17/03  T PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR	PENDITUR 30 MN - SERVICE	SOC -	.00 TH-OF-PAYMENT RE	AVER.	.00 FOR JAN : AID CO AGE COST	.000 2002 THRU ODE M	ONT S (	.00 2002 HLY AVERA	0 GE COS	.00 6,198 1/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR UNITS OF	PENDITUR 30 MN - SERVICE	SOC -	.00 TH-OF-PAYMENT RE	AVER.	.00 FOR JAN : AID CO AGE COST	.000 2002 THRU ODE M UNITS/DAY	ONT! S (	.00 2002 HLY AVERA COST PER	0 GE COS ELI	.00 6,198 1/17/03  T PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00	AVER PER	.00 FOR JAN : AID CO AGE COST UNIT/DAY	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000	ONT! S (	.00 2002 HLY AVERA COST PER USER .00	0 GE COS ELI	.00 6,198 1/17/03  T PER GIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0	E/DENTAL /ICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00	AVER PER	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000 .000	ONT! S (	.00 2002 HLY AVERA COST PER USER .00 .00	0 GE COS ELI	.00 6,198 1/17/03  T PER GIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0	E/DENTAL /ICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVER PER	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000 .000	ONT! S (	.00 2002 HLY AVERA COST PER USER .00 .00	0 GE COS ELI	.00 6,198 1/17/03  I PER GIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00	AVER PER \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (	.00 2002 HLY AVERA COST PER USER .00 .00	O GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVER PER	AID CO AGE COST UNIT/DAY .00 .00 .00 .00	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (	.00 2002 HLY AVERA COST PER USER .00 .00 .00	O GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVER PER \$	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (	.00 2002 HLY AVERA COST PER USER .00 .00 .00	O GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S ( \$	.00 2002 HLY AVERA COST PER USER .00 .00 .00	0 GE COS ELI \$	.00 6,198 1/17/03  F PER GIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER PER \$	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S ( \$	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	0 GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU ODE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S ( \$	.00 2002 HLY AVERA COST PER USER .00 .00 .00	0 GE COS ELI \$	.00 6,198 1/17/03  F PER GIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER PER \$	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S ( \$	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	0 GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER PER \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S ( \$	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	0 GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER PER \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S ( \$	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	0 GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S ( \$	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	0 GE COS ELI \$	.00 6,198 1/17/03  I PER GIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST    DIAGNOSTIC AND ANC. PROCED    EYE APPLIANCES    OTHER OPTOMETRIC SERVICES @CHIROPRACTOR    VISITS    OTHER SERVICES @PODIATRIST    MEDICINE/INJECTIONS    SURGERY/ANES.    RADIO./PATHOLOGY    OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$ \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT:	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	0 GE COS ELI \$ \$	.00 6,198 1/17/03 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0  0  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	0 GE COS ELI \$ \$	.00 6,198 1/17/03 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$ \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	0 GE COS ELI \$ \$ \$	.00 6,198 1/17/03 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0  0  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$ \$ \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 2002  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	0 GE COS ELI \$ \$ \$ \$ \$	.00 6,198 1/17/03 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0  0  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$ \$ \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 2002  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COS ELI \$	.00 6,198 1/17/03 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$ \$ \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 2002  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	0 GE COS ELI \$ \$ \$ \$ \$	.00 6,198 1/17/03 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0  0  0  0  0  0  0  0  0  0  0  0  0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$ \$ \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 2002  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COS ELI \$	.00 6,198 1/17/03 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL /ICES FOR UNITS OF	PENDITUR  30 MN -  SERVICE  OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER PER \$ \$ \$	.00 FOR JAN : AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU  ODE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 2002  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COS ELI \$	.00 6,198 1/17/03 

.00

.00

.000

.00

.00

OUTPATIENT SURGERY

0

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
	0	0						
INPATIENT CROSSOVERS	U	Ü		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	Ô		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
	0	0						
ROOM USE	0	•		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
	0	0						
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0						
	0	0		.00	.00	.000	.00	.00
SURGERY	0	Ü		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	FS MO					PAGE 6,199
MOP024	FEE-FOR-SERVICE		110	NIII OF TATHENT NE	MONI FOR OAN	ZUUZ IIIKU DI	10 2002	01/17/03
			000	DITND	7.TD 0	000		01/11/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 30 MN -	SOC	- BLIND	AID C			
							ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL					THIC ONTI / DITT			
	0	0	\$	.00	\$ .00		.00	\$ .00
-			\$		\$ .00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	\$	.00	\$ .00	.000	.00	.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS			\$	.00	\$ .00 .00 .00	.000 \$ .000 .000	.00	.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0	\$	.00 .00 .00	\$ .00 .00 .00	.000 \$ .000 .000	.00 .00	.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0	\$	.00 .00 .00	\$ .00 .00 .00 .00	.000 \$ .000 .000 .000	.00 .00 .00	.00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0	\$	.00 .00 .00	\$ .00 .00 .00	.000 \$ .000 .000	.00 .00	.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0	\$	.00 .00 .00	\$ .00 .00 .00 .00	.000 \$ .000 .000 .000	.00 .00 .00	.00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	\$	.00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0 0 0	0 0 0 0 0 0	\$	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0 0 0	0 0 0 0 0 0 0	\$	.00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0 0	0 0 0 0 0 0 0	\$	.00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	\$	.00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	Ş	.00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	Ş	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	()-	.00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	<b>G</b>	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	<b>(</b> 5)	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	(I)	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL

0

.00

.00

.000

.00

.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	RES MONTH-OF-	-PAYMENT RE	PORT 1	FOR JAN 2002	THRU	DEC 20	002	PAGE	6,200
MOP024	FEE-FOR-SERVICE/DENTAL									0.7	L/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	30 MN -	SOC - BLIN	)		AID CODE					

					MON	THLY AVERAC	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

0

0

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES\*

@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,201
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

.00

.00 \$

.00 \$

.00

.00

.00

.000

.000 \$

.000 \$

.00

.00 \$

.00 \$

.00

.00

.00

0

0

						MOI	NTHLY AVERA	GE
415 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	<u>C</u>		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	489	4,930	\$	634,233.93	\$ 128.65	11.880	1297.00	\$ 1528.27
@PHYSICIANS SERVICES	85	479	\$	14,972.86	\$ 31.26	1.154	176.15	\$ 36.08
OUTPATIENT VISITS	26	31		1,443.82	46.57	.075	55.53	3.48
OFFICE VISITS	10	12		510.63	42.55	.029	51.06	1.23
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16		853.99	53.37	.039	61.00	2.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3		79.20	26.40	.007	39.60	.19
INPATIENT VISITS	17	169		6,690.07	39.59	.407	393.53	16.12
HOSPITAL VISITS	16	166		6,515.11	39.25	.400	407.19	15.70
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	3		174.96	58.32	.007	87.48	.42
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.002	57.79	.14

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	3	4		610.20	1	.52.55	.010		203.40		1.47
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	10		216.04		21.60	.024		108.02		.52
OUTPATIENT SURGERY	4	14		611.63		43.69	.034		152.91		1.47
PRINCIPAL SURGEON	3	3		394.19	1	31.40	.007		131.40		.95
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	11		217.44		19.77	.027		217.44		.52
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.33		6.33	.002		6.33		.02
RADIOLOGY	26	61		2,901.43		47.56	.147		111.59		6.99
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	47	188		2,435.55		12.96	.453		51.82		5.87
@PHARMACY	363	2,262	\$	390,397.17		72.59		Ś	1075.47	Ś	940.72
PRESCRIPTION DRUGS	362	2,103	Υ	389,821.96		.85.36	5.067	۲	1076.86	Υ	939.33
SNF/ICF	41	269		23,746.91		88.28	.648		579.19		57.22
OUTPATIENTS	328	1,834		366,075.05		.99.60	4.419		1116.08		882.11
MEDICAL SUPPLIES	9	159		575.21	1	3.62	.383		63.91		1.39
@DENTIST	43	147	\$	7,676.39	\$	52.22		Ċ	178.52	Ċ	18.50
VISITS - DIAGNOSTIC	31	84	۲	1,359.50		16.18	.202	۲	43.85	ې	3.28
	5	8		•		51.74	.019		82.78		1.00
ORAL SURGERY	0	0		413.89		.00			.00		.00
DRUGS	0	0		.00			.000				
ANESTHESIA	2	2		.00	1	.00	.000		.00		.00
PERIODONTICS				225.00		12.50	.005		112.50		.54
ENDODONTICS	1	1		41.00		41.00	.002		41.00		.10
RESTORATIVE DENTISTRY	13	40		5,176.00	1	.29.40	.096		398.15		12.47
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		461.00		230.50	.005		461.00		1.11
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	10		.00		.00	.024		.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RI	EPORT F	OR JAN 2	2002 THRU	DEC	2002	PF	AGE 6,202
MOP024	FEE-FOR-SERVICE										01/17/03
MARIN COUNTY	SUMMARY OF SERV	VICES FOR 31 MN	- SOC	- DISABLED A	ID CODE	LS 65 67					
							M			GE -	
415 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES			UNITS/DAY		COST PER	(	COST PER
		OR DAYS OF CAR	E				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	10	\$	222.66		22.27	.024	\$	44.53	\$	.54
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.005		47.45		.23
EYE APPLIANCES	3	8		127.76		15.97	.019		42.59		.31
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	13	\$	213.55	\$	16.43	.031	\$	35.59	\$	.51
MEDICINE/INJECTIONS	0	0		.00	•	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	13		213.55		16.43	.031		35.59		.51
@HOME HEALTH AGENCY	Ö	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000		.00		.00
	-	· ·									

EXAMINATIONS

SERVICES AND MATERIALS

INPATIENT HOSPITAL SURGERY

PRINCIPAL SURGEON

1

0

4

3

1

0

14

4

57.79

.00

826.24

610.20

57.79

59.02

152.55

.00

.002

.000

.034

.010

57.79

.00

206.56

203.40

.14

.00

1.99

1.47

NURSE MIDWIFE	0	0	\$	.00	ċ	.00	.000	\$	.00	ċ	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0	0	ڊ خ	.00	۶ \$	.00	.000		.00		.00
@TOTAL HOSPITAL	71	579	ڊ خ	114,776.99		198.23			1616.58		276.57
	17	239	Ş	104,656.59	Ş	437.89		Ş	6156.27	Ş	252.18
HOSP INPATIENT TOTAL	8	239 70		•		1194.39	.576		10450.88		201.46
HSC HOSPITALS	0	34		83,607.00			.169				
NON-HSC HOSPITAL TOTAL	1			12,481.35		367.10	.082		12481.35		30.08
ACCOMMODATIONS	1	34		7,460.68		219.43	.082		7460.68		17.98
ADMINISTRATIVE DAYS	1	34		7,460.68		219.43	.082		7460.68		17.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		5,020.67		.00	.000		5020.67		12.10
INPATIENT CROSSOVERS	9	135		8,568.24		63.47	.325		952.03		20.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	58	340		10,120.40		29.77	.819		174.49		24.39
MEDICAL	7	10		373.50		37.35	.024		53.36		.90
SURGERY	2	2		96.13		48.07	.005		48.07		.23
PATHOLOGY	7	39		911.31		23.37	.094		130.19		2.20
RADIOLOGY	9	17		990.63		58.27	.041		110.07		2.39
ROOM USE	8	16		831.27		51.95	.039		103.91		2.00
CROSSOVERS/ALL OTH OUTPTNT		256		6,917.56		27.02	.617		144.12		16.67
@COUNTY HOSPITAL TOTAL	1	26	\$	429.15	\$	16.51	.063	\$		\$	1.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	26		429.15		16.51	.063		429.15		1.03
MEDICAL	1	1		28.50		28.50	.002		28.50		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	10		80.91		8.09	.024		80.91		.19
RADIOLOGY	1	7		152.65		21.81	.017		152.65		.37
ROOM USE	_ 1	3		114.49		38.16	.007		114.49		.28
CROSSOVERS/ALL OTH OUTPTNT	1	5		52.60		10.52	.012		52.60		.13
	MEDI-CAL SERVICES AN	D EXPENDITU	RES M		EPOR			DEC		PA	GE 6,203
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES		- soc	C - DISABLED AT	ID C	CODES 65 67	6W				, , 50
								ONT	HLY AVERA	GE -	

MONTHLY AVERAGE 415 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 70 553 114,347.84 \$ 206.78 1.333 \$ 1633.54 \$ 275.54 COMM HOSP INPATIENT TOTAL 17 239 104,656.59 437.89 .576 6156.27 252.18 70 1194.39 10450.88 201.46 HSC HOSPITALS 8 83,607.00 .169 NON-HSC HOSPITALS TOTAL 34 12,481.35 367.10 .082 12481.35 30.08 34 7,460.68 219.43 .082 7460.68 17.98 ACCOMMODATIONS ADMINISTRATIVE DAYS 34 7,460.68 219.43 .082 7460.68 17.98 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 0 .00 .00 ALL OTHER ACCOM .00 .000 .00 5,020.67 5020.67 12.10 ANCILLARIES 0 .00 .000 9 135 INPATIENT CROSSOVERS 8,568.24 63.47 .325 952.03 20.65 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	57	314		9,691.25		30.86	.757		170.02		23.35
MEDICAL	6	9		345.00		38.33	.022		57.50		.83
SURGERY	3	2		96.13		48.07	.005		48.07		.23
	2	29		830.40			.070		138.40		2.00
PATHOLOGY	6					28.63					
RADIOLOGY	8	10		837.98		83.80	.024		104.75		2.02
ROOM USE	7	13		716.78		55.14	.031		102.40		1.73
CROSSOVERS/ALL OTH OUTPINT		251		6,864.96		27.35	.605		146.06		16.54
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	28	710	\$	85,138.08	\$	119.91	1.711	\$	3040.65	\$	205.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	26		1,930.04		74.23	.063		1930.04		4.65
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	27	684		83,208.04		121.65	1.648		3081.78		200.50
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ċ		\$	.00
TOP DOU	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ICE DD	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0									
TOF DDN/DDCN	10	8	Ċ	.00	Ċ	.00	.000	Ċ	.00	ċ	.00
GHEMODIALYSIS TOTAL	10	8	Þ	7,532.86	\$	941.61	.019	Þ	753.29	Þ	18.15
HOSPITAL BASED	U	U		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	8		7,532.86		941.61	.019		753.29		18.15
@REHABILITATION FACILITY	0	0	Ş	.00	\$	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	34	195	\$	2,908.43	\$	14.92	.470	\$	85.54	\$	7.01
PATHOLOGY	28	189		2,834.42		15.00	.455		101.23		6.83
XO AND OTHERS	6	6		74.01		12.34	.014		12.34		.18
@ORGANIZED OUTPATIENT CLINIC	55	139	\$	3,857.25	\$	27.75	.335	\$	70.13	\$	9.29
CLINIC	25	103		1,478.19		14.35	.248		59.13		3.56
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	36		2,379.06		66.09	.087		79.30		5.73
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MOI		EPORT			DEC		PΑ	GE 6,204
MOP024	FEE-FOR-SERVICE			01 111111111111111111111111111111	01(1	101. 0111.			2002		01/17/03
MARIN COUNTY		/ICES FOR 31 MN -	SOC .	- DISABLED A	TD CC	DES 65 67	6W				01/1//03
PARTIN COUNTY	SOMMAN OF SERV	TOES FOR SI FIN	DOC	DISABLED A	LID CC	/DES 05 07	M	ОМТ	HIV AVERA	CF -	
415 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z 17 E	BACE COST	UNITS/DAY				OST PER
		OR DAYS OF CARE		EXILINDITORES			PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	37 0 0	388	Ś	6,537.69	\$	16.85	.935		176.69		15.75
DURABLE MED. EQUIP.	57	0	Ą	.00	Ą	.00	.000	ې	.00	۲	.00
DICOD DANK	0	0		.00		.00	.000		.00		
	0	0									.00
HEARING AID DISPENSERS		_		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	19	305		2,308.66		7.57	.735		121.51		5.56
AMBULANCES/AIR TRANS	8	61		1,606.62		26.34	.147		200.83		3.87
OTHER TRANS	9	198		436.68		2.21	.477		48.52		1.05
OTHER SERVICES	4	46		265.36		5.77	.111		66.34		.64
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	9	26		340.92		13.11	.063		37.88		.82
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	3.27	3.27	.002	3.27	.01
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	28	3,686.93	131.68	.067	1228.98	8.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4	32.03	8.01	.010	32.03	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	24	165.88	6.91	.058	33.18	.40
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	100	492	\$ 36,356.88	\$ 73.90	1.186	\$ 363.57	\$ 87.61

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,205 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MOI	NTHLY AVERA	GE
163 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	202	1,628	\$	182,812.63	\$ 112.29	9.988	\$ 905.01	\$ 1121.55
@PHYSICIANS SERVICES	102	453	\$	94,742.89	\$ 209.15	2.779	\$ 928.85	\$ 581.24
OUTPATIENT VISITS	61	85		3,998.89	47.05	.521	65.56	24.53
OFFICE VISITS	32	45		1,605.50	35.68	.276	50.17	9.85
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	30	36		2,284.03	63.45	.221	76.13	14.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	4	4		109.36	27.34	.025		27.34		.67
INPATIENT VISITS	17	57		2,960.21	51.93	.350	1	L74.13		18.16
HOSPITAL VISITS	17	51		2,540.31	49.81	.313	1	L49.43		15.58
CRITICAL CARE	3	6		419.90	69.98	.037	1	L39.97		2.58
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.006		46.44		.28
EXAMINATIONS	1	1		46.44	46.44	.006		46.44		.28
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	13	60		5,475.28	91.25	.368	4	121.18		33.59
PRINCIPAL SURGEON	10	11		4,377.95	398.00	.067	4	137.80		26.86
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	4	49		1,097.33	22.39	.301	2	274.33		6.73
OUTPATIENT SURGERY	14	56		2,309.72	41.25	.344	1	164.98		14.17
PRINCIPAL SURGEON	11	15		1,521.36	101.42	.092		138.31		9.33
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	3	41		788.36	19.23	.252	2	262.79		4.84
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	9	21		94.67	4.51	.129		10.52		.58
RADIOLOGY	39	62		2,974.02	47.97	.380		76.26		18.25
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	25	111		76,883.66	692.65	.681	30	75.35		471.68
@PHARMACY	48	154	\$	10,243.89	\$ 66.52	.945		213.41	\$	62.85
PRESCRIPTION DRUGS	48	154	·	10,243.89	66.52	.945		213.41		62.85
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	48	154		10,243.89	66.52	.945	2	213.41		62.85
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00		.00
@DENTIST	35	134	\$	5,265.88	\$ 39.30	.822	\$ 1	150.45	\$	32.31
VISITS - DIAGNOSTIC	19	59	·	654.00	11.08	.362		34.42		4.01
ORAL SURGERY	3	6		393.75	65.63	.037		131.25		2.42
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	1	1		100.00	100.00	.006	1	100.00		.61
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	2	2		.00	.00	.012		.00		.00
RESTORATIVE DENTISTRY	20	53		3,457.00	65.23	.325	1	172.85		21.21
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	1	8		215.00	26.88	.049	2	215.00		1.32
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	2		446.13	223.07	.012	2	223.07		2.74
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00	.00	.018		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	RES M				DEC 20		Р	AGE 6,206
MOP024	FEE-FOR-SERVICE/DENTA	AL								01/17/03
			~~~							

----- MONTHLY AVERAGE -----163 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$ .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @CHIROPRACTOR .00 VISITS 0 0 .00 .00 .000 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$ .00 .000 \$ .00 \$ .00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

MARIN COUNTY

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	0	\$	32.69CR	ς\$	.00	.000	\$	32.69C		.20CR
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	73	600	Ś	66,347.97	Ś	110.58	3.681	\$	908.88		407.04
HOSP INPATIENT TOTAL	15	44	Υ	44,252.03		1005.73	.270	٣	2950.14	۲	271.48
HSC HOSPITALS	15	44				1005.73	.270		2950.14		271.48
				44,252.03							
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	64	556		22,095.94		39.74	3.411		345.25		135.56
MEDICAL	36	64		5,425.41		84.77	.393		150.71		33.28
SURGERY	8	10		375.96		37.60	.061		47.00		2.31
PATHOLOGY	30	184		1,629.84		8.86	1.129		54.33		10.00
RADIOLOGY	29	43		5,177.14		120.40	.264		178.52		31.76
ROOM USE	38	89		3,970.91		44.62			104.50		24.36
	35			•			.546				
CROSSOVERS/ALL OTH OUTPINT		166	<u> </u>	5,516.68	<u> </u>	33.23	1.018	<u> </u>	157.62	<u> </u>	33.84
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ô		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0									
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RE	EPOR'	r for Jan 2	2002 THRU	DEC	2002	P <i>F</i>	AGE 6,207
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 32 MN -	SOC	- FAMILIES AID CC	DE .	5R 6R 37					
							M	ONT:	HLY AVERA	GE -	
163 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	600	\$	66,347.97	\$	110.58	3.681	\$	908.88	\$	407.04
COMM HOSP INPATIENT TOTAL	15	44		44,252.03		1005.73	.270		2950.14		271.48
HSC HOSPITALS	15	44		44,252.03		1005.73	.270		2950.14		271.48
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		0.0		00	000		0.0		0.0

0

0

.00

.00

.00

.00

.000

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	64	556		22,095.94		39.74	3.411		345.25		135.56
MEDICAL	36	64		5,425.41		84.77	.393		150.71		33.28
SURGERY	8	10		375.96		37.60	.061		47.00		2.31
PATHOLOGY	30	184		1,629.84		8.86	1.129		54.33		10.00
RADIOLOGY	29	43		5,177.14		120.40	.264		178.52		31.76
ROOM USE	38	89		3,970.91		44.62	.546		104.50		24.36
CROSSOVERS/ALL OTH OUTPTNT	35	166		5,516.68		33.23	1.018		157.62		33.84
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	26	105	\$	1,139.77	\$	10.85	.644	\$	43.84	\$	6.99
PATHOLOGY	26	105		1,139.77		10.85	.644		43.84		6.99
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	56	\$	3,093.52	\$	55.24	.344	\$	140.61	\$	18.98
CLINIC	8	38		869.76		22.89	.233		108.72		5.34
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	18		2,223.76		123.54	.110		148.25		13.64
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		IRES	•	EPOR	r for Jan	2002 THRU	DEC	2002	P	AGE 6,208 01/17/03
MOF024	FEE-FOK-SEKVICE/DENTA.	ш									01/11/03

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 163 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 126 \$ 2,011.40 \$ 15.96 .773 \$ 111.74 \$ 12.34 @ALL OTHER PROVIDERS 18 .773 .055 .000 .000 .589 .589 .000 72.74 40.41 DURABLE MED. EQUIP. 5 9 363.71 2.23 .00 .00 0 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 14.76 177.09 8 96 1,416.68 8.69 MEDICAL TRANSPORTATION 14.76 177.09 8.69 1,416.68 AMBULANCES/AIR TRANS .00 OTHER TRANS 0 0 .00 .00 .00 .00 OTHER SERVICES 0 .00 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

MARIN COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	13	164.89	12.68	.080	41.22	1.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	8	66.12	8.27	.049	66.12	.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	102	\$ 82,817.85	\$ 811.94	.626	\$ 20704.46	\$ 508.08
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,209
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

			 		MOI	NTHLY AVERA	GE
719 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	884	9,073	\$ 1,049,122.65	\$ 115.63	12.619	\$ 1186.79	\$ 1459.14
@PHYSICIANS SERVICES	205	982	\$ 111,664.73	\$ 113.71	1.366	\$ 544.71	\$ 155.31
OUTPATIENT VISITS	87	116	5,473.88	47.19	.161	62.92	7.61
OFFICE VISITS	42	57	2,127.77	37.33	.079	50.66	2.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	52	3,157.55	60.72	.072	71.76	4.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	188.56	26.94	.010	31.43	.26
INPATIENT VISITS	34	226	9,650.28	42.70	.314	283.83	13.42
HOSPITAL VISITS	33	217	9,055.42	41.73	.302	274.41	12.59
CRITICAL CARE	3	6	419.90	69.98	.008	139.97	.58
SNF/ICF/TRANS IP CARE	2	3	174.96	58.32	.004	87.48	.24
OPHTHALMOLOGICAL SERVICES	2	2	104.23	52.12	.003	52.12	.14
EXAMINATIONS	2	2	104.23	52.12	.003	52.12	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	75	6,945.12	92.60	.104	385.84	9.66
PRINCIPAL SURGEON	14	16	5 <b>,</b> 631.75	351.98	.022	402.27	7.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	59	1,313.37	22.26	.082	218.90	1.83
OUTPATIENT SURGERY	19	73	3,051.92	41.81	.102	160.63	4.24
PRINCIPAL SURGEON	14	18	1,915.55	106.42	.025	136.83	2.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	55	1,136.37	20.66	.076	227.27	1.58
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	23	109.08	4.74	.032	9.92	.15

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	67	125		5,914.79		47.32	.174	88.28		8.23
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	86	342		80,415.43		235.13	.476	935.06		111.84
@PHARMACY	501	2,781	\$	420,757.64	\$	151.30	3.868	\$ 839.84	\$	585.20
PRESCRIPTION DRUGS	498	2,617		420,042.93		160.51	3.640	843.46		584.20
SNF/ICF	86 501 498 77 430 13 106	456		31,151.62				404.57		43.33
OUTPATIENTS	430	2,161		388,891.31		179.96	3.006	904.40		540.88
MEDICAL SUPPLIES	13	164		714.71			.228	54.98		.99
@DENTIST	106	394	\$	16,954.27	\$	43.03	.548	\$ 159.95	\$	23.58
VISITS - DIAGNOSTIC	64	180		2,237.50		12.43	.250	34.96		3.11
ORAL SURGERY	64 15	40		1,367.64		34.19	.056	91.18		1.90
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.001	100.00		.14
PERIODONTICS	3	3		425.00		141.67	.004	141.67		.59
ENDODONTICS	4	5		631.00		126.20	.007	157.75		.88
RESTORATIVE DENTISTRY	44	113		10,102.00		89.40	.157	229.59		14.05
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	6	37		1,645.00		44.46	.051	274.17		2.29
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	2	2		446.13		223.07	.003	223.07		.62
FRACTURES, DISLOCATIONS	0	0		.00		.00				.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	5	13		.00		.00	.018	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES '	MONTH-OF-PAYMENT R	EPOR!	r for Jan		DEC 2002	PÆ	AGE 6,210
MOP024	FEE-FOR-SERVICE/DENTAI	.L								01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	OR 33 MED	)ICAL	LY NEEDY - SOC						
							M	ONTHLY AVERA	AGE -	
E10 =======			~				/		_	~~~

					11011	ATITAL WARIOW	.UD
719 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	7	17	\$ 389.76	\$ 22.93	.024 \$	55.68	\$ .54
DIAGNOSTIC AND ANC. PROCED	4	4	187.35	46.84	.006	46.84	.26

EYE APPLIANCES	5	13		202.41		15.57	.018		40.48		.28
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	7	14	\$	220.16	\$	15.73	.019	Ś	31.45	\$	.31
MEDICINE/INJECTIONS	0	0	Τ	.00	т	.00	.000	т	.00	т	.00
	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	•									
RADIO./PATHOLOGY	•	0		.00		.00	.000		.00		.00
OTHER	7	14		220.16		15.73	.019		31.45		.31
@HOME HEALTH AGENCY	1	0	\$	32.69C		.00	.000		32.69CH		.05CR
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	162	1,278	Ś	195,359.72	\$	152.86	1.777		1205.92	\$	271.71
HOSP INPATIENT TOTAL	38	338		161,330.63		477.31	.470		4245.54		224.38
HSC HOSPITALS	24	116		131,029.03		1129.56	.161		5459.54		182.24
NON-HSC HOSPITAL TOTAL	1	34		12,492.69		367.43	.047		12492.69		17.38
	1	34		•							
ACCOMMODATIONS	1			7,470.05		219.71	.047		7470.05		10.39
ADMINISTRATIVE DAYS	1	34		7,470.05		219.71	.047		7470.05		10.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		5,022.64		.00	.000		5022.64		6.99
INPATIENT CROSSOVERS	14	188		17,808.91		94.73	.261		1272.07		24.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	134	940		34,029.09		36.20	1.307		253.95		47.33
MEDICAL	44	78		5,852.90		75.04	.108		133.02		8.14
SURGERY	11	13		531.67		40.90	.018		48.33		.74
PATHOLOGY	39	229		2,599.63		11.35	.318		66.66		3.62
RADIOLOGY	40	63		6,262.89		99.41	.088		156.57		8.71
	47	108		4,995.46		46.25	.150		106.29		6.95
ROOM USE				•							
CROSSOVERS/ALL OTH OUTPTNT		449	_	13,786.54	_	30.70	.624	_	148.24	_	19.17
@COUNTY HOSPITAL TOTAL	1	26	\$	429.15	\$	16.51	.036	Ş		\$	.60
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	26		429.15		16.51	.036		429.15		.60
	1	1		28.50		28.50	.001		28.50		.04
MEDICAL											
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	10		80.91		8.09	.014		80.91		.11
RADIOLOGY	1	7		152.65		21.81	.010		152.65		.21
ROOM USE	1	3		114.49		38.16	.004		114.49		.16
CROSSOVERS/ALL OTH OUTPTNT	1	5		52.60		10.52	.007		52.60		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	GE 6,211
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERV	JICES FOR 33 MEDI	CALLY	Y NEEDY - SOC							
							M	ONTE	HLY AVERAG	ΞE -	
719 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (	COST PER	С	OST PER

		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	161	1,252	\$	194,930.57	\$	155.70			1210.75		271.11
COMM HOSP INPATIENT TOTAL	38	338		161,330.63	•	477.31	.470		4245.54		224.38
HSC HOSPITALS	24	116		131,029.03		1129.56	.161		5459.54		182.24
NON-HSC HOSPITALS TOTAL	1	34		12,492.69		367.43	.047		12492.69		17.38
ACCOMMODATIONS	1	34		7,470.05		219.71	.047		7470.05		10.39
ADMINISTRATIVE DAYS	1	34		7,470.05		219.71	.047		7470.05		10.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		5,022.64		.00	.000		5022.64		6.99
INPATIENT CROSSOVERS	14	188		17,808.91		94.73	.261		1272.07		24.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	133	914		33,599.94		36.76	1.271		252.63		46.73
MEDICAL	43	77		5,824.40		75.64	.107		135.45		8.10
SURGERY	11	13		531.67		40.90	.018		48.33		.74
PATHOLOGY	38	219		2,518.72		11.50	.305		66.28		3.50
RADIOLOGY	39	56		6,110.24		109.11	.078		156.67		8.50
ROOM USE	46	105		4,880.97		46.49	.146		106.11		6.79
CROSSOVERS/ALL OTH OUTPTNT	92	444		13,733.94		30.93	.618		149.28		19.10
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	81	0 2,301	Ċ	.00	Ċ	.00	.000	\$	.00	ċ	.00 364.26
@NURSING FACILITY	0	2,301	\$	261,900.12	\$	113.82	3.200	Ş	3233.33	Ş	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	1	26		.00 1,930.04		.00 74.23	.000		1930.04		2.68
LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	80	2,275		259,970.08		114.27	3.164		3249.63		361.57
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Υ	.00	Υ	.00	.000	Ψ	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	8	\$	7,532.86	\$	941.61		\$	753.29	\$	10.48
HOSPITAL BASED	0	0		.00	•	.00	.000		.00	·	.00
HEMODIALYSIS CENTER	10	8		7,532.86		941.61	.011		753.29		10.48
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	62	325	\$	4,186.80	\$	12.88	.452	\$	67.53	\$	5.82
PATHOLOGY	56	319		4,112.79		12.89	. 444		73.44		5.72
XO AND OTHERS	6	6		74.01		12.34	.008		12.34		.10
@ORGANIZED OUTPATIENT CLINIC	86	215	\$	7,851.95	\$	36.52	.299	\$	91.30	\$	10.92
CLINIC	33	141		2,347.95		16.65	.196		71.15		3.27
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	54	74	DEG MC			74.38			101.93	Б.	7.66
			RES MC	NTH-OF-PAYMENT R	EPOR'	I FOR JAN 2	2002 THRU	DEC	: 2002	Ρ	AGE 6,212
MOP024	FEE-FOR-SERVICE	JOENTAL JICES FOR 33 MED	T C 7 T T V	A MEEDY COC							01/17/03
MARIN COUNTY	SUMMARY OF SERV	/ICES FOR 33 MED	ICALLI	NEEDI - SOC			M	ONT	א מי <i>וו</i> וא עדעי	CF	
719 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	<b>Д</b> \/ / I	ERAGE COST					COST PER
,13 111011110	ODLING	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	78		\$	22,337.33	\$		1.054				-
DURABLE MED. EQUIP.	5	9		363.71	т	40.41		T	72.74	r	.51
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	-	· ·		. 3 0		,					

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	432	4,068.90	9.42	.601	127.15	5.66
AMBULANCES/AIR TRANS	17	161	3,141.11	19.51	.224	184.77	4.37
OTHER TRANS	9	198	436.68	2.21	.275	48.52	.61
OTHER SERVICES	8	73	491.11	6.73	.102	61.39	.68
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	113	5,566.11	49.26	.157	556.61	7.74
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	46	602.36	13.09	.064	37.65	.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	3.27	3.27	.001	3.27	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	8	121	11,468.95	94.78	.168	1433.62	15.95
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	12	98.15	8.18	.017	49.08	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	24	165.88	6.91	.033	33.18	.23
@CALIF. CHILDREN SERVICES*	4	102	\$ . ,	\$ 811.94	.142	\$ 20704.46	\$ 115.18
@XOVER EXCLUDING STATE HOSP**	133	585	\$ 48,576.67	\$ 83.04	.814	\$ 365.24	\$ 67.56

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,213
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

THINCH COOKIT	DOIMMING OF DELIC	VIOLO IOIC SI III	11110	11000	1110 00	J D L		
						MOI	NTHLY AVERA	GE
4,020 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,870	170,061	\$	12,709,151.85	\$ 74.73	42.304	\$ 3284.02	\$ 3161.48
@PHYSICIANS SERVICES	341	683	\$	7,410.17	\$ 10.85	.170	\$ 21.73	\$ 1.84
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		5.44	.00	.000	.00	.00
HOSPITAL VISITS	0	0		5.44	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

ASSISTANT SURGEON	Ü	U		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	•										
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	341	683		7,404.73		10.84	.170		21.71		1.84
@PHARMACY	2 <b>,</b> 725	14 <b>,</b> 196	\$	668,509.18	\$	47.09	3.531	\$	245.32	\$	166.30
PRESCRIPTION DRUGS	2,719	13,925		663,453.44		47.64	3.464		244.01		165.04
SNF/ICF	2,380	12,675		611,783.21		48.27	3.153		257.05		152.18
OUTPATIENTS	381	1,250		51,670.23		41.34	.311		135.62		12.85
MEDICAL SUPPLIES	82	271		5,055.74		18.66	.067		61.66		1.26
			Ċ		Ċ			ċ		Ċ	
@DENTIST	152	412	\$	14,003.50	\$		.102	Ş	92.13	Ş	3.48
VISITS - DIAGNOSTIC	141	343		6,935.50		20.22	.085		49.19		1.73
ORAL SURGERY	8	20		816.00		40.80	.005		102.00		.20
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		200.00		100.00	.000		100.00		.05
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4	7		286.00		40.86	.002		71.50		.07
	0	0		.00		.00	.002		.00		.00
PROSTHETICS	-										
DENTURES, STAYPLATES	15	40		5,766.00		144.15	.010		384.40		1.43
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
			RES MO		EPORT			DEC		Pž	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES MO		EPORT			DEC		P	AGE 6,214
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR C/DENTAL		NTH-OF-PAYMENT RE	EPORT	' FOR JAN 2	2002 THRU	DEC		P	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR		NTH-OF-PAYMENT RE	EPORT		2002 THRU		2002		AGE 6,214 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURED CONTAL VICES FOR 34 MN -	- LTNG	NTH-OF-PAYMENT RE		FOR JAN 2	2002 THRU DDE M	IONT	2002 CHLY AVERA	GE ·	AGE 6,214 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUE C/DENTAL VICES FOR 34 MN - UNITS OF SERVICE	- LTNG E	NTH-OF-PAYMENT RE	AVE	FOR JAN 2  AID CO	2002 THRU  DDE  M  UNITS/DAY	IONT 'S	2002 CHLY AVERA COST PER	GE ·	AGE 6,214 01/17/03  COST PER
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY 4,020 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE	- LTNG E E	NTH-OF-PAYMENT RE G - AGED EXPENDITURES	AVE PER	AID CO RAGE COST UNIT/DAY	2002 THRU  DDE  M  UNITS/DAY  PER ELIG	IONT S	: 2002 'HLY AVERA COST PER USER	GE - (	AGE 6,214 01/17/03  COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARRES 30	- LTNG E	NTH-OF-PAYMENT RESTAURCE OF THE PAYMENT RESTAU	AVE	AID CO RAGE COST UNIT/DAY 21.06	DDE M UNITS/DAY PER ELIG .007	IONT S	2002 CHLY AVERA COST PER USER 57.44	GE - (	AGE 6,214 01/17/03  COST PER ELIGIBLE .16
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3	ES AND EXPENDITURE OF AND EXPENDITURE OF SERVICE OR DAYS OF CARREST SOLUTION SOLUTIO	- LTNG E E	ONTH-OF-PAYMENT REST - AGED  EXPENDITURES  631.85 141.90	AVE PER	AID CO RAGE COST UNIT/DAY 21.06 47.30	2002 THRU  DDE  M UNITS/DAY PER ELIG .007 .001	IONT S	CHLY AVERA COST PER USER 57.44 47.30	GE - (	AGE 6,214 01/17/03  COST PER ELIGIBLE .16 .04
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3 9	CES AND EXPENDITURE OF A SERVICE OR DAYS OF CARREST OF SERVICE OR DAYS OF CARREST OF CAR	- LTNG E E	NTH-OF-PAYMENT RESTAURCE OF THE PAYMENT RESTAU	AVE PER	AID CO RAGE COST UNIT/DAY 21.06	DDE M UNITS/DAY PER ELIG .007	IONT S	2002 CHLY AVERA COST PER USER 57.44	GE - (	AGE 6,214 01/17/03  COST PER ELIGIBLE .16
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3 9 0	ES AND EXPENDITURE OF AND EXPENDITURE OF SERVICE OR DAYS OF CARREST SOLUTION SOLUTIO	- LTNG E E	ONTH-OF-PAYMENT REST - AGED  EXPENDITURES  631.85 141.90	AVE PER	AID CO RAGE COST UNIT/DAY 21.06 47.30	2002 THRU  DDE  M UNITS/DAY PER ELIG .007 .001	IONT S	CHLY AVERA COST PER USER 57.44 47.30	GE - (	AGE 6,214 01/17/03  COST PER ELIGIBLE .16 .04
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3 9	CES AND EXPENDITURE OF A SERVICE OR DAYS OF CARREST OF SERVICE OR DAYS OF CARREST OF CAR	- LTNG E E	ONTH-OF-PAYMENT RESTAURCE OF THE PAYMENT RES	AVE PER	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007	IONT S ; \$	2 2002 CHLY AVERA COST PER USER 57.44 47.30 54.44	GE ·	AGE 6,214 01/17/03  COST PER ELIGIBLE .16 .04 .12
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3 9 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0	- LTNG E E \$	EXPENDITURES  631.85 141.90 489.95 .00	AVE PER \$	AID CO GRAGE COST UNIT/DAY 21.06 47.30 18.15 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000	IONT S ; \$	2 2002 CHLY AVERA COST PER USER 57.44 47.30 54.44 .00	GE ·	AGE 6,214 01/17/03  COST PER ELIGIBLE .16 .04 .12 .00
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3 9 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0	- LTNG E E \$	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00	AVE PER \$	AID CO GRAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000	IONT S ; \$	2 2002 CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00	GE ·	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3 9 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0	- LTNG E S \$	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 .00	AVE PER \$	AID CO GRAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000	IONT S \$ \$	2 2002 CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00	GE ·	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  11 3 9 0 0 0 0 276	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 400	- LTNG E E \$	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79	AVE PER \$	AID CO GRAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .100	IONT S \$ \$	2 2002 CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 6.19	GE ·	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG E S \$	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 4.27 .00	DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00	GE ·	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN -  UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 400 0 0 0 0 0 0 0 0 0 0 0	- LTNG E S \$	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00	GE ·	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN -  UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG E S \$	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE ·	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 276	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - VICES FOR 34 MN - VICES FOR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG E E \$ \$ \$	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 1,709.79	AVE PER \$ \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .000	IONT S ; \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE (	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 276 0 276 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 1,709.79 .00	AVE PER \$ \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .000	IONT S \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - ( ) 1	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 276	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - VICES FOR 34 MN - VICES FOR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 1,709.79	AVE PER \$ \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .000	IONT S ; \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - ( ) 1	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 276 0 276 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 1,709.79 .00	AVE PER \$ \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .000	IONT S ; ; \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - ( ) 1	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR     VISITS     OTHER SERVICES  @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 276 0 0 0 276 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 .00 1,709.79 .00 .00 1,709.79 .00 .00 .00 .00 .00	AVE PER \$ \$ \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 4.27 .00 .00 4.27 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .100 .000 .0	ONTS;; \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 6.19 .00 .00 6.19 .00 .00 .00 .00 .00	GE - (1)	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR     VISITS     OTHER SERVICES  @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 276 0 0 0 276 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - VICES FOR 34 MN - VICES FOR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 .00 1,709.79 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$ \$	AID CO RAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 4.27 .00 .00 4.27 .00 .00 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .100 .000 .0	ONT S; \$ \$ \$ \$ \$ \$ \$ \$	HLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 .00 6.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - 0 1	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR     VISITS     OTHER SERVICES  @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 276 0 0 0 276 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - VICES FOR 34 MN - VICES FOR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 1,709.79 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$	AID CO GRAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 4.27 .00 .00 .00 .00 .00 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .100 .000 .0	ONT S; \$ \$ \$ \$ \$ \$ \$ \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 6.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR     VISITS     OTHER SERVICES  @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE     PEDIATRIC NURSE PRACTITIONER     FAMILY NURSE PRACTITIONER  @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 276 0 0 0 0 101	EES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARROLL OR DAYS	LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 1,709.79 .00 .00 .00 42,855.27	AVE PER \$ \$ \$ \$	AID CO GRAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 4.27 .00 .00 4.27 .00 .00 .00 .00 .00 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .100 .000 .0	ONT S; \$ \$ \$ \$ \$ \$ \$ \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	AGE 6,214 01/17/03 
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY  4,020 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR     VISITS     OTHER SERVICES  @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  11 3 9 0 0 0 276 0 0 276 0 0 0 276 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - VICES FOR 34 MN - VICES FOR DAYS OF CARE 30 3 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LTNG	EXPENDITURES  631.85 141.90 489.95 .00 .00 .00 1,709.79 .00 .00 1,709.79 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$ \$	AID CO GRAGE COST UNIT/DAY 21.06 47.30 18.15 .00 .00 .00 .00 .00 4.27 .00 .00 .00 .00 .00 .00 .00	2002 THRU  DDE M UNITS/DAY PER ELIG .007 .001 .007 .000 .000 .000 .000 .100 .000 .0	ONT S; \$ \$ \$ \$ \$ \$ \$ \$ \$	CHLY AVERA COST PER USER 57.44 47.30 54.44 .00 .00 .00 .00 6.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	AGE 6,214 01/17/03 

OUTPATIENT SURGERY

PRINCIPAL SURGEON

ASSISTANT SURGEON

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.000

.000

.000

.00

.00

.00

.00

.00

.00

NON-HSC HOSPITAL TOTAL	0	0	17.30CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	17.30CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	26	205	36,088.47	176.04	.051	1388.02	8.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	83	298	6,784.10	22.77	.074	81.74	1.69
MEDICAL	0	0	6.60	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	2.05	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	83	298	6 <b>,</b> 775.45	22.74	.074	81.63	1.69
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,215 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

MARIN COUNTY	SUMMARY OF SERVI	CES FOR 34 MN -	LTNG	- AGED	AID C					
								'HLY AVERA	GE	
4,020 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	503	\$	42,855.27	\$ 85.20	.125	\$	424.31	\$	10.66
COMM HOSP INPATIENT TOTAL	26	205		36,071.17	175.96	.051		1387.35		8.97
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		17.30CR	.00	.000		.00		.00
ACCOMMODATIONS	0	0		17.30CR		.000		.00		.00
ADMINISTRATIVE DAYS	0	0		17.30CR		.000		.00		.00
TRANSITIONAL IP CARE	Ö	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	26	205		36,088.47	176.04	.051		1388.02		8.98
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
	83	298		6,784.10	22.77	.074		81.74		1.69
COMM HOSP OUTPATIENT TOTAL	0.5			•						
MEDICAL	0	0		6.60	.00	.000		.00		.00
SURGERY	_	•		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		2.05	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	83	298		6,775.45	22.74	.074		81.63		1.69
@STATE HOSPITAL	0		\$	.00	\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	3,410	117,400	\$	11,804,531.57	\$ 100.55	29.204	\$	3461.74	\$	2936.45
LEV A-INTERMEDIATE	2	131		5,154.40	39.35	.033		2577.20		1.28
LEV B-REHAB MD	4	49		5,583.02	113.94	.012		1395.76		1.39
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	3,407	117,220		11,793,794.15	100.61	29.159		3461.64		2933.78
@INTERMEDIATE CARE FACILDD	0		Ś	.00	\$ .00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000	•	.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	Õ		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		Ś	.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Υ	.00	.00	.000	7	.00	Ψ	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$	.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Y	.00	.00	.000	۲	.00	۲	.00
	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY			\$				<u>_</u>		Ċ	
@LABORATORY FACILITY	3	3	Ş	27.80	\$ 9.27	.001	\$	9.27	\$	.01
PATHOLOGY	U			.00	.00	.000		.00		.00
XO AND OTHERS	3	3	_	27.80	9.27	.001	_	9.27	_	.01
@ORGANIZED OUTPATIENT CLINIC	3		\$	262.79	\$ 87.60	.001	\$	87.60	\$	.07
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		262.79	87.60	.001		87.60		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC	2002	Ε	PAGE 6,216
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR 34 MN -	LTNG	- AGED	AID C	ODE				

						MON	NTHLY AVERA	GE ·	
4,020 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	442	36,431	\$	169,209.93	\$ 4.64	9.062	382.83	\$	42.09
DURABLE MED. EQUIP.	38	593		36,126.21	60.92	.148	950.69		8.99
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	10	16		2,503.34	156.46	.004	250.33		.62
MEDICAL TRANSPORTATION	132	1,395		11,000.09	7.89	.347	83.33		2.74
AMBULANCES/AIR TRANS	30	240		3,464.41	14.44	.060	115.48		.86
OTHER TRANS	24	188		848.99	4.52	.047	35.37		.21
OTHER SERVICES	84	967		6,686.69	6.91	.241	79.60		1.66
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	15	149		9,955.06	66.81	.037	663.67		2.48
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	39	108		1,467.05	13.58	.027	37.62		.36
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	13	14		10.84	.77	.003	.83		.00
PROSTHETIST/ORTHOTISTS	1	6		74.19	12.37	.001	74.19		.02
PROSTHETICS	1	6		74.19	12.37	.001	74.19		.02
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	21	26		132.86	5.11	.006	6.33		.03
SPEECH AND AUDIOLOGY	58	150		5,220.85	34.81	.037	90.01		1.30
HOSPICE SERVICES	36	874		90,035.10	103.01	.217	2500.98		22.40
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	119	33,100		12,684.34	.38	8.234	106.59		3.16
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	1,041	27 <b>,</b> 297	\$	203,850.66	\$ 7.47	6.790	195.82	\$	50.71
0* TOTALS IN THESE LINES ARE (	GIVEN AS A SEPARA	TE INFORMATION I	TEM	ONLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APP	ROPRIATE DETAIL	LINE	ES ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE	DETAIL LINES AF	BOVE.						
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	EC 2002	P	AGE 6,217
MOP024	FEE-FOR-SERVICE/								01/17/03
MARIN COUNTY	SUMMARY OF SERVI	CES FOR 35 MN -	- LTN	IG - BLIND	AID CC	DDE			

----- MONTHLY AVERAGE -----82 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 81 7,536 \$ 309,244.98 \$ 41.04 91.902 \$ 3817.84 \$ 3771.28 @PHYSICIANS SERVICES 28 103 1,598.04 15.51 1.256 \$ 57.07 \$ 19.49 OUTPATIENT VISITS 3 6 283.10 47.18 .073 94.37 3.45 3 101.80 33.93 .037 50.90 1.24 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 90.65 2.21 EMERGENCY ROOM 181.30 60.43 .037 PREVENTIVE CARE .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 79.50 5.82 INPATIENT VISITS 6 12 477.02 39.75 .146 80.10 80.10 80.10 .98 1 .012 HOSPITAL VISITS CRITICAL CARE 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 6 11 396.92 36.08 .134 66.15 4.84 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	46		141.91	3.09	.561	70.96		1.73
PRINCIPAL SURGEON	1	1		81.91	81.91	.012	81.91		1.00
	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	U	45							
ANESTHESIOLOGIST	1			60.00	1.33	.549	60.00		.73
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	3	4		115.10	28.78	.049	38.37		1.40
PSYCHIATRY	5	0		.00	.00	.000	.00		.00
	0	0			.00				
IMMUNIZATION AND INJECTION	•	-		.00		.000	.00		.00
OTHER SERVICES/ALL X-OVERS	21	35		580.91	16.60	.427	27.66		7.08
@ PHARMACY	70	329	\$	22,494.84	\$ 68.37		\$ 321.35	\$	274.33
PRESCRIPTION DRUGS	70	328		22,479.40	68.53	4.000	321.13		274.14
SNF/ICF	50	268		18,173.72	67.81	3.268	363.47		221.63
OUTPATIENTS	20	60		4,305.68	71.76	.732	215.28		52.51
MEDICAL SUPPLIES	1	1		15.44	15.44	.012	15.44		.19
@DENTIST	4	1.4	\$	565.00	\$ 40.36	.171		Ś	6.89
VISITS - DIAGNOSTIC	3	11	Τ	140.00	12.73	.134	46.67	т	1.71
ORAL SURGERY	5	0		.00	.00	.000	.00		.00
	0	0							
DRUGS	U	•		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	2		400.00	200.00	.024	400.00		4.88
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		25.00	25.00	.012	25.00		.30
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
•	0	0			.00				
ORTHODONTIC SERVICES	U	O		.00		.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	P.	AGE 6,218
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 35 MN -	- LTNG	G - BLIND	AID C	ODE			
						MO	NTHLY AVERA	.GE	
82 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0	Τ.	.00	.00	.000	.00	7	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
	0	0							
OTHER OPTOMETRIC SERVICES	0		Ċ	.00	.00	.000	.00	ć	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

0

0

0

6

0

\$

.00

.00

.00

.00

.00

.00

.00

\$

\$

18.56

18.56

.00

.00

.00

.00

.00

.00

.00

3.09

3.09

.000

.000

.000

.000

.000

.073

.073 \$

.000 \$

.000 \$

.00

.00

.00

.00

.00

3.09

3.09 \$

.00 \$

.00 \$

.00

.00

.23

.00

.00

.00

.23

.00

.00

0

0

0

6

0

VISITS

OTHER

@PODIATRIST

OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00		.00
	0	0	ې د			.00					
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0	10	ې د	.00	\$ \$	55.38	.000		.00 92.29		.00
•	6		Ą	553.76	Ą		.122	Þ		\$	6.75
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000				.00
NON-HSC HOSPITAL TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	10		553.76		55.38	.122		92.29		6.75
MEDICAL	2	2		93.68		46.84	.024		46.84		1.14
SURGERY	0	0		27.86		.00	.000		.00		.34
PATHOLOGY	1	2		54.85		27.43	.024		54.85		.67
RADIOLOGY	0	0		5.22		.00	.000		.00		.06
ROOM USE	0	0		88.17		.00	.000		.00		1.08
CROSSOVERS/ALL OTH OUTPINT	4	6		283.98		47.33	.073		71.00		3.46
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MO		EPORT			DEC		PAGE	6,219
MOP024	FEE-FOR-SERVICE/DENTAL			01 1111111111111111111111111111111	01(1				_ , , _		1/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	3.5 MN	- LTNG	- BLIND		AID CODE				O	_,, 00
							M	IONT	HLY AVERA	GE	

MONTHLY AVERAGE 82 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 10 \$ 553.76 \$ 55.38 .122 \$ 92.29 \$ 6.75 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .00 HSC HOSPITALS .000 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .000 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	6	10	553.76	55.38	.122	92.29	6.75
MEDICAL	2	2	93.68	46.84	.024	46.84	1.14
SURGERY	0	0	27.86	.00	.000	.00	.34
PATHOLOGY	1	2	54.85	27.43	.024	54.85	.67
RADIOLOGY	0	0	5.22	.00	.000	.00	.06
ROOM USE	0	0	88.17	.00	.000	.00	1.08
CROSSOVERS/ALL OTH OUTPINT	4	6	283.98	47.33	.073	71.00	3.46
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,450	\$ 163,116.29	\$ 112.49	17.683	\$ 4077.91	\$ 1989.22
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,450	163,116.29	112.49	17.683	4077.91	1989.22
@INTERMEDIATE CARE FACILDD	28	908	\$ 116,420.70	\$ 128.22	11.073	\$ 4157.88	\$ 1419.76
ICF DDH	28	908	116,420.70	128.22	11.073	4157.88	1419.76
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	22	\$ 232.85	\$ 10.58	.268	\$ 38.81	\$ 2.84
PATHOLOGY	6	22	232.85	10.58	.268	38.81	2.84
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

0 SURGICENTER 0 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 .00 .000 .00 0 HEROIN DETOX CLINIC 0 0 0 RURAL HEALTH CLINIC 0 0 . 00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,220 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

				MOI	NTHLY AVERA	GE
82 ELIGIBLES USERS UNITS OF S	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
OR DAYS (	F CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 20 4,	694 \$	4,244.94	\$ .90	57.244	\$ 212.25	\$ 51.77
DURABLE MED. EQUIP. 1	31	535.62	17.28	.378	535.62	6.53
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 2	2	130.00	65.00	.024	65.00	1.59
MEDICAL TRANSPORTATION 4	186	908.18	4.88	2.268	227.05	11.08
AMBULANCES/AIR TRANS 1	54	541.98	10.04	.659	541.98	6.61
OTHER TRANS 3	124	284.29	2.29	1.512	94.76	3.47
OTHER SERVICES 1	8	81.91	10.24	.098	81.91	1.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 1	2	379.76	189.88	.024	379.76	4.63
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 10	37	1,339.45	36.20	.451	133.95	16.33
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 6 4,	436	951.93	.21	54.098	158.66	11.61
@CALIF. CHILDREN SERVICES* 0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP** 30	57 \$	1,659.12	\$ 29.11	.695	\$ 55.30	\$ 20.23

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,221 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

----- MONTHLY AVERAGE -----1,007 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,018 67,332 \$ 4,134,305.29 \$ 61.40 66.864 \$ 4061.20 \$ 4105.57 209 613 \$ 10,573.50 \$ 17.25 .609 \$ 50.59 \$ 10.50 @TOTAL, ALL PROVIDERS 613 9 13 7 2 4 0 @PHYSICIANS SERVICES 

 589.83
 45.37
 .013
 49.15

 317.77
 45.40
 .007
 45.40

 50.40
 25.20
 .002
 25.20

 221.66
 55.42
 .004
 73.89

 .00
 .00
 .00
 .00

 .00
 .00
 .00
 .00

 12 7 .59 OUTPATIENT VISITS .32 OFFICE VISITS 2 3 0 HOME VISITS
EMERGENCY ROOM
PREVENTIVE CARE
OB VISITS/COMPRE PERI .05 .22 0 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	41	75	2,668.30	35.58	.074	65.08		2.65
HOSPITAL VISITS	3	18	726.50	40.36	.018	242.17		.72
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	38	57	1,941.80	34.07	.057	51.10		1.93
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79		.06
EXAMINATIONS	1	1	57.79	57.79	.001	57.79		.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	35	798.62	22.82	.035	159.72		.79
PRINCIPAL SURGEON	4	4	627.14	156.79	.004	156.79		.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	31	171.48	5.53	.031	171.48		.17
OUTPATIENT SURGERY	9	47	1,116.33	23.75	.047	124.04		1.11
PRINCIPAL SURGEON	2	2	56.58	28.29	.002	28.29		.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	7	45	1,059.75	23.55	.045	151.39		1.05
	,	0		.00		.00		.00
DIALYSIS	1	3	.00		.000			
PATHOLOGY	9		24.01	8.00	.003	24.01		.02
RADIOLOGY	9	16	1,066.75	66.67	.016	118.53		1.06
PSYCHIATRY	U	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	149	423	4,251.87	10.05	.420	28.54		4.22
@PHARMACY	832	10,296 \$	<b>,</b>	\$ 45.06	10.224		Ş	460.71
PRESCRIPTION DRUGS	827	5,049	446,985.23	88.53	5.014	540.49		443.88
SNF/ICF	628	4,376	391,715.09	89.51	4.346	623.75		388.99
OUTPATIENTS	220	673	55,270.14	82.13	.668	251.23		54.89
MEDICAL SUPPLIES	101	5 <b>,</b> 247	16,952.58	3.23	5.211	167.85		16.83
@DENTIST	70	301 \$	15,861.27	\$ 52.70	.299	\$ 226.59	\$	15.75
VISITS - DIAGNOSTIC	63	224	4,415.02	19.71	.222	70.08		4.38
ORAL SURGERY	2	3	336.00	112.00	.003	168.00		.33
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	19	34	6,700.00	197.06	.034	352.63		6.65
ENDODONTICS	3	3	430.00	143.33	.003	143.33		.43
RESTORATIVE DENTISTRY	14	28	2,630.25	93.94	.028	187.88		2.61
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	5	9	1,350.00	150.00	.009	270.00		1.34
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00				
		U CES AND EXPENDITURES			.000	.00	D.A.	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAIMENT RE	EPORT FOR JAN	ZUUZ THRU I	JEC 2002	PA	GE 6,222
MOP024	FEE-FOR-SERVIC				~~~			01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR 36 MN - L	TNG - DISABLED	AID (				
1 005						ONTHLY AVERA	-	
1,007 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS OF CARE		PER UNIT/DAY				LIGIBLE
@OPTOMETRIST	10	19 \$		\$ 12.93	.019		\$	.24
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.003	47.45		.14
EYE APPLIANCES	3	6	88.01	14.67	.006	29.34		.09
OTHER OPTOMETRIC SERVICES	5	10	15.35	1.54	.010	3.07		.02
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	52	85 \$		\$ 5.98	.084		\$	.50
		·				_	-	

MEDICINE/INJECTIONS	4	4	115.20	28.80	.004	28.80	.11	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	48	81	393.29	4.86	.080	8.19	.39	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0 \$		\$ .00		•	\$ .00	
NURSE MIDWIFE	0	0 \$	.00	\$ .00			\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$		\$ .00			\$ .00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00			\$ .00	
@TOTAL HOSPITAL	116	723		\$ 289.59			\$ 207.92	
HOSP INPATIENT TOTAL	17	305	196,684.05	644.87		11569.65	195.32	
HSC HOSPITALS	0	0	.00	.00		.00	.00	
NON-HSC HOSPITAL TOTAL	2	39	154,946.05	3972.98		77473.03	153.87	
ACCOMMODATIONS	2	39						
	2		59,847.06	1534.54		29923.53	59.43	a D
ADMINISTRATIVE DAYS	Û	0	46.170			.00	.050	JR
TRANSITIONAL IP CARE	0	0	100.68	.00		.00	.10	
ALL OTHER ACCOM	2	39	59,792.55	1533.14		29896.28	59.38	
ANCILLARIES	2	0	95,098.99	.00		47549.50	94.44	
INPATIENT CROSSOVERS	15	266	41,738.00	156.91		2782.53	41.45	
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00	
HOSP OUTPATIENT TOTAL	101	418	12,688.43	30.36		125.63	12.60	
MEDICAL	13	15	474.22	31.61		36.48	.47	
SURGERY	16	17	1,079.89	63.52		67.49	1.07	
PATHOLOGY	13	43	520.46	12.10	.043	40.04	.52	
RADIOLOGY	2	5	1,043.99	208.80	.005	522.00	1.04	
ROOM USE	18	48	3,528.15	73.50	.048	196.01	3.50	
CROSSOVERS/ALL OTH OUTPTNT	75	290	6,041.72	20.83	.288	80.56	6.00	
@COUNTY HOSPITAL TOTAL	1	3 \$	60.63	\$ 20.21	.003	\$ 60.63	\$ .06	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00		.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00	
ACCOMMODATIONS	0	0	.00	.00		.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00	
ALL OTHER ACCOM	0	0	.00	.00		.00	.00	
ANCILLARIES	0	0	.00	.00		.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00	
CO HOSP OUTPATIENT TOTAL	1	3	60.63	20.21		60.63	.06	
MEDICAL	0	0	13.02	.00		.00	.01	
SURGERY	0	0	.00	.00		.00	.00	
	0	0	.00	.00		.00	.00	
PATHOLOGY	0	0	.00	.00		.00	.00	
RADIOLOGY	0	0					.00	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	1	3	.00	.00		.00		
			47.61 MONTH-OF-PAYMENT F	15.87		47.61	.05	2.2
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT F	REPORT FOR JA	N ZUUZ THRU	DEC 2002	PAGE 6,22	
MOP024	FEE-FOR-SERVICE	•	THE DECEMBED	3.75	0000		01/17/0	13
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - I	TNG - DISABLED	ALL	CODE		<b>C T</b>	
1 007 71 707777				333553355		MONTHLY AVERA	-	
1,007 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			S COST PER	COST PER	
ACOMMINITELY HOCETERS TOTAL	115	OR DAYS OF CARE	200 211 05		AY PER ELIC		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	115	720 \$	,	\$ 290.71		\$ 1820.10		
COMM HOSP INPATIENT TOTAL	17	305	196,684.05	644.87		11569.65	195.32	
HSC HOSPITALS	0	0	.00	.00		.00	.00	
NON-HSC HOSPITALS TOTAL	2	39	154,946.05	3972.98	.039	77473.03	153.87	

ACCOMMODATIONS

2

39

59,847.06

1534.54

.039

29923.53

59.43

ADMINISTRATIVE DAYS	0	0		46.17C	R	.00	.000		.00		.05CR
TRANSITIONAL IP CARE	0	0		100.68		.00	.000		.00		.10
ALL OTHER ACCOM	2	39		59 <b>,</b> 792.55		1533.14	.039		29896.28		59.38
ANCILLARIES	2	0		95,098.99		.00	.000	4	17549.50		94.44
INPATIENT CROSSOVERS	15	266		41,738.00		156.91	.264		2782.53		41.45
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	100	415		12,627.80		30.43	.412		126.28		12.54
MEDICAL	13	15		461.20		30.75	.015		35.48		.46
SURGERY	16	17		1,079.89		63.52	.017		67.49		1.07
PATHOLOGY	13	43		520.46		12.10	.043		40.04		.52
RADIOLOGY	2	5		1,043.99		208.80	.005		522.00		1.04
ROOM USE	18	48		3,528.15		73.50	.048		196.01		3.50
CROSSOVERS/ALL OTH OUTPINT	74	287		5,994.11		20.89	.285		81.00		5.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	423	13,536	\$	1,681,537.89	Ś	124.23		Ś	3975.27	Ś	1669.85
LEV A-INTERMEDIATE	16	582	'	34,850.85		59.88	.578		2178.18		34.61
LEV B-REHAB MD	90	3,454		352,074.77		101.93	3.430		3911.94		349.63
LEV B-SUBACUTE FREESTANDING		0, 10 1		.00		.00	.000		.00		.00
TEV B-SIBACITE HODEL BASED	21	703		332,113.90		472.42	.698	1	L5814.95		329.81
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	-	.00		.00
LEV B-REGULAR	299 402 402	8 <b>,</b> 797		962,498.37		109.41	8.736		3219.06		955.81
@INTERMEDIATE CARE FACILDD	402	12,921	\$	1,677,388.80	Ś	129.82		Ś	4172.61	Ś	
ICF DDH	402	12,921	Υ	1,677,388.80	Ψ.	129.82	12.831	Υ	4172.61	Ψ	1665.73
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	9	\$	3,847.00	Ś	427.44	.009	Ś	549.57	Ś	3.82
HOSPITAL BASED	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	7	9		3,847.00		427.44	.009		549.57		3.82
@REHABILITATION FACILITY	1	6	\$	93.39	\$	15.57	.006	Ś	93.39	Ġ	.09
UCCDITAL BACED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
HOSPITAL BASED INDEPENDENT FACILITY	1	6		93.39		15.57	.006		93.39		.09
@LABORATORY FACILITY	20	73	\$	969.42	\$	13.28	.072	Ċ	48.47	Ċ	.96
PATHOLOGY	20	73	۲	969.42	۲	13.28	.072	ې	48.47	۲	.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	10	Ś	690.33	Ś	69.03	.010	Ś	115.06	Ċ	.69
CLINIC CLINIC	0	0	۲	.00	۲	.00	.000	ې	.00	۲	.00
SURGICENTER	1	1		208.21		208.21	.001		208.21		.21
HEROIN DETOX CLINIC	1	0		.00		.00	.000		.00		.00
	5	9		482.12		.00 53.57					.48
RURAL HEALTH CLINIC			DEC M				.009	חחמ	96.42	_	
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPOR:	r FOR JAN	2002 THRU	DEC	2002	E	PAGE 6,224
MOPO24	FEE-FOR-SERVICE		T (TI) T			7 TD 01	200				01/17/03
MARIN COUNTY	SUMMARY OF SERV	VICES FOR 36 MN	- LIN	G - DISABLED		AID C		ONTEST.	11 11 A 11 11 D A	C.E.	
1 007 77 77 77					2		M			-	
1,007 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
0.1.1. 0.00.000	0.64	OR DAYS OF CAR		60 070 00		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	264	28,740	\$	69,279.20	\$		28.540	Ş	262.42	Ş	68.80
DURABLE MED. EQUIP.	24	308		13,051.84		42.38	.306		543.83		12.96

						MONTHLY AVERAGE				
1,007 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	264	28,740	\$	69,279.20	\$ 2.41	28.540	\$ 262.42	\$ 68.80		
DURABLE MED. EQUIP.	24	308		13,051.84	42.38	.306	543.83	12.96		
BLOOD BANK	0	0		.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	1	1		25.00	25.00	.001	25.00	.02		
MEDICAL TRANSPORTATION	68	1,078		7,102.08	6.59	1.071	104.44	7.05		
AMBULANCES/AIR TRANS	14	398		2,854.26	7.17	.395	203.88	2.83		
OTHER TRANS	13	120		496.85	4.14	.119	38.22	.49		
OTHER SERVICES	46	560		3,750.97	6.70	.556	81.54	3.72		
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00		

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	15	46	935.06	20.33	.046	62.34		.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	5	10	154.62	15.46	.010	30.92		.15
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	16	20	143.36	7.17	.020	8.96		.14
SPEECH AND AUDIOLOGY	85	291	11,354.61	39.02	.289	133.58	1	L1.28
HOSPICE SERVICES	6	229	22,475.64	98.15	.227	3745.94	2	22.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	4	329	1,110.24	3.37	.327	277.56		1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	78	26,428	12,926.75	.49	26.244	165.73	1	L2.84
@CALIF. CHILDREN SERVICES*	1	2	\$ 41.59	\$ 20.80	.002	\$ 41.59	\$	.04
@XOVER EXCLUDING STATE HOSP**	347	1,399	\$ 99,423.87	\$ 71.07	1.389	\$ 286.52	\$ 9	98.73

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,225
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

								MC	TNC	'HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SER	VICE		EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$	.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	Ċ	.00	.00	.000	.00	ċ	.00
@DENTIST	0	0	\$	.00	\$ .00 .00	.000 \$	.00	\$	.00
VISITS - DIAGNOSTIC ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PA	GE 6,226
MOP024	FEE-FOR-SERVICE								01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 37 MN	- LTNG	- FAMILIES	DISCONT	ΓIN			
						MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000 \$		\$ .00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000 \$		\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	Ś	.00	.000 \$		\$ .00
HOSP INPATIENT TOTAL	0	0	Υ	.00	Ψ	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00			.000	.00	.00
	0	0				.00			
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		
ALL OTHER ACCOM		0		.00		.00	.000	.00	.00
ANCILLARIES	0	U		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ô		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUR	RES MON		EPORT FOR				PAGE 6,227
MOP024	FEE-FOR-SERVICE		CLO FIOIN	III OI IIIIIIIIIII IVI		01111	LUUZ IIIKO DEC	2002	01/17/03
MARIN COUNTY		ICES FOR 37 MN -	T.TNC	- FAMILIES	т	DISCON'	TTN		01/11/03
ITTIVITY COUNTY	COLUMN OF ORIV	TODO FOR STRIN	שווים	1111111110	1		MONTH	TY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVERACE	E COST			COST PER
		OT DUTINTOT	_		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			~~ <u> </u>	~~~ +

		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	Ō	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
	0	0			.00			.000		.00		
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0			.00		.00	.000		.00		.00
	0	0										.00
SURGERY	0	-			.00		.00	.000		.00		.00
PATHOLOGY	U	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	•		.00	•	.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	7		.00	4	.00	.000	4	.00	7	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	т		.00	т	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	٧		.00	٧	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
	0	0	Ą		.00	Ą	.00	.000	Ą	.00	Ş	
CLINIC	0	0										.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	•	-			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0					.00					.00
#CALIF DEPT OF HEALTH SERV			ES MOI	NIH-OF-PAYMI	ENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002		
	FEE-FOR-SERVICE											01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	LTNG	- FAMILIES								
										HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES							
_		OR DAYS OF CARE					. UNIT/DAY			USER		
@ALL OTHER PROVIDERS	0	0	\$			\$	.00	.000			Ş	.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0	0         0         .00         .00         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000 <td>0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00</td>	0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00

 $<sup>\</sup>ensuremath{ @^{*}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,229
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

THINCH COOKIT	DOIMMING OF DELIC	VIOLO IOIC SO IILDIOIII		• •			
					N	MONTHLY AVERA	AGE
5,109 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDIT	JRES AVERAGE CO	ST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIC	G USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,969	244,929 \$	17,152,70	2.12 \$ 70.03	47.941	\$ 3451.94	\$ 3357.35
@PHYSICIANS SERVICES	578	1,399 \$	19 <b>,</b> 583	.71 \$ 14.00	.274	\$ 33.88	\$ 3.83
OUTPATIENT VISITS	15	19	872	2.93 45.94	.004	58.20	.17
OFFICE VISITS	9	10	41	9.57 41.96	.002	46.62	.08
HOME VISITS	2	2	50	25.20	.000	25.20	.01
EMERGENCY ROOM	5	7	402	2.96 57.57	.001	80.59	.08
PREVENTIVE CARE	0	0		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.000	.00	.00
INPATIENT VISITS	47	87	3,150	36.22	.017	67.04	.62
HOSPITAL VISITS	4	19	812	2.04 42.74	.004	203.01	.16
CRITICAL CARE	0	0		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	44	68	2,33	34.39	.013	53.15	.46
OPHTHALMOLOGICAL SERVICES	1	1	5	7.79 57.79	.000	57.79	.01
EXAMINATIONS	1	1	5	7.79 57.79	.000	57.79	.01
SERVICES AND MATERIALS	0	0		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	81	940	11.61	.016	134.36	.18
PRINCIPAL SURGEON	5	5	70	9.05 141.81	.001	141.81	.14
ASSISTANT SURGEON	0	0		.00	.000	.00	.00
ANESTHESIOLOGIST	2	76	233	3.05	.015	115.74	.05

OUTPATIENT SURGERY	9	47		1,116.33	}	23.75	.00	9	124.04		.22
PRINCIPAL SURGEON	2	2		56.58		28.29	.00	0	28.29		.01
ASSISTANT SURGEON	0	0		.00	)	.00	.00	0	.00		.00
ANESTHESIOLOGIST	7	45		1,059.75	)	23.55	.00	9	151.39		.21
DIALYSIS	0	0		.00	)	.00	.00	0	.00		.00
PATHOLOGY	1	3		24.01		8.00	.00	1	24.01		.00
RADIOLOGY	12	20		1,181.85	,	59.09	.00	4	98.49		.23
PSYCHIATRY	0	0		.00		.00	.00	0	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	)	.00	.00	0	.00		.00
OTHER SERVICES/ALL X-OVERS	511	1,141		12,237.51		10.73	.22	3	23.95		2.40
@PHARMACY	3,627	24,821 \$	1,1	54,941.83	\$	46.53	4.85	8 \$	318.43	\$	226.06
PRESCRIPTION DRUGS	3,616	19,302		32,918.07		58.69	3.77	8	313.31		221.75
SNF/ICF	3,058	17,319		21,672.02		58.99	3.39	0	334.10		199.97
OUTPATIENTS	621	1,983	1	11,246.05	)	56.10	.38	8	179.14		21.77
MEDICAL SUPPLIES	184	5,519		22,023.76	)	3.99	1.08	0	119.69		4.31
@DENTIST	226	727 \$		30,429.77	\$	41.86	.14	2 \$	134.65	\$	5.96
VISITS - DIAGNOSTIC	207	578		11,490.52		19.88	.11	3	55.51		2.25
ORAL SURGERY	10	23		1,152.00	)	50.09	.00	5	115.20		.23
DRUGS	0	0		.00	)	.00	.00	0	.00		.00
ANESTHESIA	0	0		.00	)	.00	.00	0	.00		.00
PERIODONTICS	22	38		7,300.00	)	192.11	.00	7	331.82		1.43
ENDODONTICS	3	3		430.00	)	143.33	.00	1	143.33		.08
RESTORATIVE DENTISTRY	18	35		2,916.25	,	83.32	.00	7	162.01		.57
PROSTHETICS	0	0		.00	)	.00	.00	0	.00		.00
DENTURES, STAYPLATES	21	50		7,141.00	)	142.82	.01	0	340.05		1.40
SPACE MAINTAINERS	0	0		.00	)	.00	.00	0	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	)	.00	.00	0	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	)	.00	.00	0	.00		.00
ORTHODONTIC SERVICES	0	0		.00	)	.00	.00	0	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF	F-PAYMENT	REPORT	FOR JAN	2002 THR	U DEC	2002	P.	AGE 6,230
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/17/03

MARIN COUNTY	SUMMARY OF SERV	ICES FOR 38 MEDIC	ALLY	NEEDY - LTNG						
5 100					 	MC			.GE	
5,109 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST		3	COST PER		COST PER
		OR DAYS OF CARE			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	21		\$	877.56	\$ 17.91	.010	\$	41.79	\$	.17
DIAGNOSTIC AND ANC. PROCED	6	6		284.25	47.38	.001		47.38		.06
EYE APPLIANCES	12	33		577.96	17.51	.006		48.16		.11
OTHER OPTOMETRIC SERVICES	5	10		15.35	1.54	.002		3.07		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	334	491	\$	2,236.84	\$ 4.56	.096	\$	6.70	\$	. 44
MEDICINE/INJECTIONS	4	4		115.20	28.80	.001		28.80		.02
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	330	487		2,121.64	4.36	.095		6.43		.42
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		\$	.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	223	1,236	\$	252,781.51	\$ 204.52	.242	\$	1133.55	\$	49.48
HOSP INPATIENT TOTAL	43	510		232,755.22	456.38	.100		5412.91		45.56
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	39		154,928.75	3972.53	.008		77464.38		30.32
ACCOMMODATIONS	2	39		59,829.76	1534.10	.008		29914.88		11.71
ADMINISTRATIVE DAYS	0	0		63.47CR	.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		100.68	.00	.000		.00		.02
ALL OTHER ACCOM	2	39		59,792.55	1533.14	.008		29896.28		11.70
ANCILLARIES	2	0		95,098.99	.00	.000		47549.50		18.61
INPATIENT CROSSOVERS	41	471		77,826.47	165.24	.092		1898.21		15.23
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	190	726		20,026.29	27.58	.142		105.40		3.92
MEDICAL	15	17		574.50	33.79	.003		38.30		.11
SURGERY	16	17		1,107.75	65.16	.003		69.23		.22
PATHOLOGY	14	45		575.31	12.78	.009		41.09		.11
RADIOLOGY	2	5		1,051.26	210.25	.001		525.63		.21
ROOM USE	18	48		3,616.32	75.34	.009		200.91		.71
CROSSOVERS/ALL OTH OUTPINT	162	594		13,101.15	22.06	.116		80.87		2.56
@COUNTY HOSPITAL TOTAL	1	3	\$	60.63	\$ 20.21	.001	\$	60.63	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		60.63	20.21	.001		60.63		.01
MEDICAL	0	0		13.02	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

MARIN COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

----- MONTHLY AVERAGE ------| NATIONALY | SUMMARY OF SERVICES FOR SERVICES SERVICES FOR SERVICES F 5,109 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG 01/17/03

					MON	THLY AVERA	GE	
5,109 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS'	r per
·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	726	69,865 \$	242,734.07	\$ 3.47	13.675 \$	334.34	\$	47.51
DURABLE MED. EQUIP.	63	932	49,713.67	53.34	.182	789.11		9.73
BLOOD BANK	0	0	.00	.00		.00		.00
HEARING AID DISPENSERS	13	19	2,658.34	139.91	.004	204.49		.52
MEDICAL TRANSPORTATION	204	2,659	19,010.35	7.15	.520	93.19		3.72
AMBULANCES/AIR TRANS	45	692	6,860.65	9.91	.135	152.46		1.34
OTHER TRANS	40	432	1,630.13	3.77		40.75		.32
OTHER SERVICES	131	1,535	10,519.57	6.85	.300	80.30		2.06
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	15	149	9,955.06	66.81	.029	663.67		1.95
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	55	156	2,781.87	17.83		50.58		.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	18	24	165.46	6.89	.005	9.19		.03
PROSTHETIST/ORTHOTISTS	1	6	74.19	12.37	.001	74.19		.01
PROSTHETICS	1	6	74.19	12.37	.001	74.19		.01
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	37	46	276.22	6.00	.009	7.47		.05
SPEECH AND AUDIOLOGY	153	478	17,914.91	37.48	.094	117.09		3.51
HOSPICE SERVICES	42	1,103	112,510.74	102.00	.216	2678.83		22.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	4	329	1,110.24	3.37	.064	277.56		.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	203	63,964	26,563.02	.42	12.520	130.85		5.20
@CALIF. CHILDREN SERVICES*	1	2 \$	41.59	\$ 20.80	.000 \$	41.59	\$	.01
@XOVER EXCLUDING STATE HOSP**	1,418	28,753 \$	304,933.65	\$ 10.61	5.628 \$	215.04	\$ !	59.69
0* TOTALS IN THESE LINES ARE (	GIVEN AS A SEPAR	ATE INFORMATION ITEM	ONLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE AP	PROPRIATE DETAIL LINE	S ABOVE.					
** THESE DATA ARE INCLUDED IN	THE APPROPRIAT	E DETAIL LINES ABOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE	6,233
MOP024	FEE-FOR-SERVICE						0:	1/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 39 MEDICALL	Y NEEDY - AGED					
					MON	THLY AVERA	GE	

						MOI	NTHLY AVERA	GE
9,661 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7 <b>,</b> 351	214,507	\$	14,862,222.15	\$ 69.29	22.203	\$ 2021.80	\$ 1538.37
@PHYSICIANS SERVICES	1,075	3,151	\$	110,076.23	\$ 34.93	.326	\$ 102.40	\$ 11.39
OUTPATIENT VISITS	220	298		13,271.61	44.54	.031	60.33	1.37
OFFICE VISITS	146	201		7,338.51	36.51	.021	50.26	.76
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	76	87		5,667.88	65.15	.009	74.58	.59
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10		265.22	26.52	.001	29.47	.03
INPATIENT VISITS	60	403		18,694.30	46.39	.042	311.57	1.94
HOSPITAL VISITS	58	384		16,819.30	43.80	.040	289.99	1.74
CRITICAL CARE	3	13		1,580.80	121.60	.001	526.93	.16
SNF/ICF/TRANS IP CARE	4	6		294.20	49.03	.001	73.55	.03
OPHTHALMOLOGICAL SERVICES	26	30		1,500.61	50.02	.003	57.72	.16

EXAMINATIONS	26	30		1,500.61		50.02	.003		57.72		.16
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	35	205		19,158.65		93.46	.021		547.39		1.98
PRINCIPAL SURGEON	24	40		14,970.47		374.26	.004		623.77		1.55
ASSISTANT SURGEON	3	3		781.09		260.36	.000		260.36		.08
ANESTHESIOLOGIST	12	162		3,407.09		21.03	.017		283.92		.35
OUTPATIENT SURGERY	45	178		15,742.25		88.44			349.83		1.63
PRINCIPAL SURGEON	32	49		13,746.14		280.53	.005		429.57		1.42
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	14	129		1,996.11		15.47	.013		142.58		.21
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	32	98		844.61		8.62	.010		26.39		.09
RADIOLOGY	159	316		13,077.51		41.38	.033		82.25		1.35
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	14		88.01		6.29	.001		12.57		.01
OTHER SERVICES/ALL X-OVERS	751	1,609		27,698.68		17.21	.167		36.88		2.87
@PHARMACY	5,295	28,815	\$	1,289,414.77	\$	44.75	2.983	\$	243.52	\$	133.47
PRESCRIPTION DRUGS	5,253	22,811		1,275,575.38		55.92	2.361		242.83		132.03
SNF/ICF	2,536	13,417		644,538.06		48.04	1.389		254.16		66.72
OUTPATIENTS	2,771	9,394		631,037.32		67.17	.972		227.73		65.32
MEDICAL SUPPLIES	206	6,004		13,839.39		2.31	.621		67.18		1.43
@DENTIST	465	1,542	\$	74,839.45	\$	48.53	.160	\$	160.95	\$	7.75
VISITS - DIAGNOSTIC	332	914		15,605.44		17.07	.095		47.00		1.62
ORAL SURGERY	65	170		7,191.00		42.30	.018		110.63		.74
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	13	13		2,155.00		165.77	.001		165.77		.22
ENDODONTICS	21	25		5,161.00		206.44	.003		245.76		.53
RESTORATIVE DENTISTRY	89	182		16,206.00		89.04	.019		182.09		1.68
PROSTHETICS	6	11		1,530.00		139.09	.001		255.00		.16
DENTURES, STAYPLATES	72	227		26 <b>,</b> 991.01		118.90	.023		374.88		2.79
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 6,234
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	OR 39 ME	DICAL	LY NEEDY - AGED							
							M	ONTF	HLY AVERA	.GE	

USERS 9,661 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 47 121 \$ 2,964.87 24.50 .013 \$ 63.08 \$ .31 DIAGNOSTIC AND ANC. PROCED 32 34 1,509.50 44.40 .004 47.17 .16 28 51.54 EYE APPLIANCES 1,443.12 16.98 .009 .15 OTHER OPTOMETRIC SERVICES 1 2 12.25 6.13 .000 12.25 .00 @CHIROPRACTOR 0 0 .00 \$ .00 .000 \$ .00 \$ .00 0 .00 .00 .000 .00 .00 VISITS OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 316 464 2,653.64 5.72 .048 \$ 8.40 .27 MEDICINE/INJECTIONS 7 7 236.60 33.80 .001 33.80 .02 0 0 .00 .00 .00 .00 SURGERY/ANES. .000 0 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 309 457 2,417.04 5.29 7.82 .25 OTHER .047 27 219 \$ \$ .023 \$ 1.60 @HOME HEALTH AGENCY 15,471.14 70.64 573.01 \$ NURSE ANESTHESIST 0 .00 \$ .00 .000 \$ .00 \$ .00

NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	627	3,376	\$ 505,375.22	\$ 149.70	.349	\$ 806.02	\$ 52.31
HOSP INPATIENT TOTAL	105	736	417,593.54	567.38	.076	3977.08	43.22
HSC HOSPITALS	51	254	326,964.65	1287.26	.026	6411.07	33.84
NON-HSC HOSPITAL TOTAL	4	19	12,227.54	643.55	.002	3056.89	1.27
ACCOMMODATIONS	4	19	4,499.44	236.81	.002	1124.86	.47
ADMINISTRATIVE DAYS	4	19	4,499.44	236.81	.002	1124.86	.47
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	7,728.10	.00	.000	1932.03	.80
INPATIENT CROSSOVERS	54	463	78,401.35	169.33	.048	1451.88	8.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	563	2,640	87,781.68	33.25	.273	155.92	9.09
MEDICAL	114	190	6 <b>,</b> 797.53	35.78	.020	59.63	.70
SURGERY	27	34	2,204.73	64.85	.004	81.66	.23
PATHOLOGY	120	620	7,252.14	11.70	.064	60.43	.75
RADIOLOGY	124	199	17,327.31	87.07	.021	139.74	1.79
ROOM USE	109	146	6,044.43	41.40	.015	55.45	.63
CROSSOVERS/ALL OTH OUTPTNT	369	1,451	48,155.54	33.19	.150	130.50	4.98
@COUNTY HOSPITAL TOTAL	2	6	\$ 214.52	\$ 35.75	.001	\$ 107.26	\$ .02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	6	214.52	35.75	.001	107.26	.02
MEDICAL	2	2	133.36	66.68	.000	66.68	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.71	4.71	.000	4.71	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	66.64	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.81	9.81	.000	9.81	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2002 THRU DE	EC 2002	PAGE 6,235
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES F	OR 39 MEDICA:	LLY NEEDY - AGED				
					1401	TOTT TO A TION	· -

MARIN COUNTY	SUMMARY OF SER	VICES FOR 39 MEDI	CALL	Y NEEDY - AGED						01/1//0.
111111111111111111111111111111111111111	00111111111 01 0211		01122	1 112221 11022		M	ONT	HLY AVERA	GE	
9,661 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	ERAGE COST			COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	627 105	3,370	\$	505,160.70	149.90			805.68	\$	
COMM HOSP INPATIENT TOTAL	105	736		417,593.54	567.38	.076		3977.08		43.22
HSC HOSPITALS	51	254		326,964.65	1287.26	.026		6411.07		33.84
NON-HSC HOSPITALS TOTAL	4	19		12,227.54	643.55 236.81	.002		3056.89		1.27
ACCOMMODATIONS	4	19		4,499.44	236.81	.002		1124.86		.47
ADMINISTRATIVE DAYS	4	19		4,499.44	236.81	.002		1124.86		.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	4	0		7,728.10	.00	.000		1932.03		.80
INPATIENT CROSSOVERS	54	463		78,401.35	169.33	.048		1451.88		8.12
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	563	2,634		87,567.16	33.24	.273		155.54		9.06
MEDICAL	113	188		6,664.17	35.45	.019		58.97		.69
SURGERY	27	34		2,204.73	64.85	.004		81.66		.23
PATHOLOGY	120	619		7,247.43	11.71	.064		60.40		.75
RADIOLOGY	124	199		17,327.31	87.07	.021		139.74		1.79
ROOM USE	108	144		5 <b>,</b> 977.79	41.51	.015		55.35		.62
CROSSOVERS/ALL OTH OUTPTNT		1,450		48,145.73	33.20	.150		130.83		4.98
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	3,596	122,445	\$	12,479,230.68	\$ 101.92	12.674	\$	3470.31	\$	1291.71
LEV A-INTERMEDIATE	2	131		5,154.40	39.35	.014		2577.20		.53
LEV B-REHAB MD	5	85		9,815.57	115.48	.009		1963.11		1.02
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	3 <b>,</b> 592	122,229		12,464,260.71	101.97	12.652		3470.01		1290.16
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	23	25	\$	18,604.50	\$ 744.18	.003	\$	808.89	\$	1.93
HOSPITAL BASED	U	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	23	25		18,604.50		.003		808.89		1.93
@REHABILITATION FACILITY	1	1	\$	44.37	\$ 44.37	.000	\$	44.37	\$	.00
HOSPITAL BASED	1	1		44.37	44.37	.000		44.37		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	215	1,748	\$	13,827.86	\$ 7.91	.181	\$	64.32	\$	1.43
PATHOLOGY	198	1,721		12,557.93	7.30	.178		63.42		1.30
XO AND OTHERS	23	27		1,269.93	47.03	.003		55.21		.13
@ORGANIZED OUTPATIENT CLINIC	469	741	\$	58,161.91	\$ 78.49	.077	\$	124.01	\$	6.02
CLINIC	29	52		1,777.15	34.18	.005		61.28		.18

SURGICENTER 3 3 3 615.99 205.33 .000 205.33 .06

HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00

RURAL HEALTH CLINIC 446 686 55,768.77 81.30 .071 125.04 5.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,236

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

MARIN COUNTY	SUMMARY OF SERV	ICES FOR 39 MEL	ICALI	LY NEEDY - AGED				
							NTHLY AVERA	
9,661 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	CLIGIBLE
@ALL OTHER PROVIDERS	917	51 <b>,</b> 859	\$	291,557.51	\$ 5.62	5.368		\$ 30.18
DURABLE MED. EQUIP.	57	643		43,077.16	66.99	.067	755.74	4.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	35	46		5,460.83	118.71	.005	156.02	.57
MEDICAL TRANSPORTATION	218	2 <b>,</b> 037		18,702.30	9.18	.211	85.79	1.94
AMBULANCES/AIR TRANS	55	404		7,049.91	17.45	.042	128.18	.73
OTHER TRANS	26	194		902.35	4.65	.020	34.71	.09
OTHER SERVICES	144	1,439		10,750.04	7.47	.149	74.65	1.11
ACUPUNCTURE	11	26		475.77	18.30	.003	43.25	.05
ADULT DAY HEALTH CARE CTR	76	903		58,400.90	64.67	.093	768.43	6.05
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	82	401		28,929.46	72.14	.042	352.80	2.99
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	141	407		5,430.39	13.34	.042	38.51	.56
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	15	17		14.62	.86	.002	.97	.00
PROSTHETIST/ORTHOTISTS	7	22		614.16	27.92	.002	87.74	.06
PROSTHETICS	6	21		532.85	25.37	.002	88.81	.06
ORTHOTICS	1	1		81.31	81.31	.000	81.31	.01
PSYCHOLOGIST	21	26		132.86	5.11	.003	6.33	.01
SPEECH AND AUDIOLOGY	65	163		7,995.64	49.05	.017	123.01	.83
HOSPICE SERVICES	47	991		100,591.93	101.51	.103	2140.25	10.41
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	245	46,177		21,731.49	.47	4.780	88.70	2.25
@CALIF. CHILDREN SERVICES*	1	, 0	\$	90.74	\$ .00	.000	\$ 90.74	\$ .01
@XOVER EXCLUDING STATE HOSP**	1,700	29,985	\$	336,752.86	\$ 11.23	3.104		\$ 34.86
0.1 -0								

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,237 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	6	12		477.02		39.75	.087		79.50		3.46
HOSPITAL VISITS	1	1		80.10		80.10	.007		80.10		.58
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	6	11		396.92		36.08	.080		66.15		2.88
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	46		141.91		3.09	.333		70.96		1.03
PRINCIPAL SURGEON	1	1		81.91		81.91	.007		81.91		.59
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	45		60.00		1.33	.326		60.00		.43
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	4		115.10		28.78	.029		38.37		.83
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	21	35		580.91		16.60	.254		27.66		4.21
@PHARMACY	91	1,729	\$	29,115.33	\$	16.84	12.529	\$	319.95	\$	210.98
PRESCRIPTION DRUGS	90	401		28,416.28		70.86	2.906		315.74		205.92
SNF/ICF	51	273		18,531.16		67.88	1.978		363.36		134.28
OUTPATIENTS	39	128		9,885.12		77.23	.928		253.46		71.63
MEDICAL SUPPLIES	4	1,328		699.05		.53	9.623		174.76		5.07
@DENTIST	5	18	\$	755.00	\$	41.94	.130	\$	151.00	\$	5.47
VISITS - DIAGNOSTIC	4	14		240.00		17.14	.101		60.00		1.74
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	2		400.00		200.00	.014		400.00		2.90
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		90.00		90.00	.007		90.00		.65
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		25.00		25.00	.007		25.00		.18
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		JRES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PF	AGE 6,238
MOP024	FEE-FOR-SERVICE/DE										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	S FOR 40 MEI	DICAL	LY NEEDY - BLIND							

----- MONTHLY AVERAGE -----138 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$ .00 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 0 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @CHIROPRACTOR .00 VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 @PODIATRIST 18.56 \$ 3.09 .043 \$ 3.09 \$ .13

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0						
SURGERY/ANES.	•	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	18.56	3.09	.043	3.09	.13
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	8	14 \$	1,450.26	\$ 103.59	.101 \$	181.28	
HOSP INPATIENT TOTAL	1	3	812.00	270.67	.022	812.00	5.88
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00
ACCOMMODATIONS	•	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	812.00	270.67	.022	812.00	5.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	11	638.26	58.02	.080	91.18	4.63
MEDICAL	2	2	93.68	46.84	.014	46.84	.68
SURGERY	1	1	112.36	112.36	.007	112.36	.81
PATHOLOGY	1	2	54.85	27.43	.014	54.85	.40
RADIOLOGY	0	0	5.22	.00	.000	.00	.04
ROOM USE	0	0	88.17	.00	.000	.00	.64
	4	6	283.98			71.00	2.06
CROSSOVERS/ALL OTH OUTPTNT	0			47.33	.043		
@COUNTY HOSPITAL TOTAL	•	0 \$	.00	\$ .00	.000 \$	.00	·
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPINT			.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	SPORT FOR JAN	2002 THRU DEC	2002	PAGE 6,239
MOP024	FEE-FOR-SERVICE						01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDICALLY	NEEDA - Brind				~=
					MONT		
138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	14 \$	1,450.26	\$ 103.59	.101 \$		•
COMM HOSP INPATIENT TOTAL	1	3	812.00	270.67	.022	812.00	5.88
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	812.00	270.67	.022	812.00	5.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	11	638.26	58.02	.080	91.18	4.63
MEDICAL	2	2	93.68	46.84	.014	46.84	.68
SURGERY	1	1	112.36	112.36	.007	112.36	.81
PATHOLOGY	1	2	54.85	27.43	.014	54.85	.40
RADIOLOGY	0	0	5.22	.00	.000	.00	.04
ROOM USE	0	0	88.17	.00	.000	.00	.64
CROSSOVERS/ALL OTH OUTPINT	4	6	283.98	47.33	.043	71.00	2.06
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,450	\$ 163,116.29	\$ 112.49	10.507	\$ 4077.91	\$ 1182.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,450	163,116.29	112.49	10.507	4077.91	1182.00
@INTERMEDIATE CARE FACILDD	28	908	\$ 116,420.70	\$ 128.22	6.580	\$ 4157.88	\$ 843.63
ICF DDH	28	908	116,420.70	128.22	6.580	4157.88	843.63
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	8	31 \$	297.87	\$	9.61	.225	\$ 37.23	\$	2.16
PATHOLOGY	8	31	297.87		9.61	.225	37.23		2.16
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	7 \$	359.60	\$	51.37	.051	\$ 71.92	\$	2.61
CLINIC	4	6	218.50		36.42	.043	54.63		1.58
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	1	141.10		141.10	.007	141.10		1.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGI	E 6,240
MOP024	FEE-FOR-SERVICE/DE	NTAL						1	01/17/03
MARIN COUNTY	SUMMARY OF SERVICE	S FOR 40 MEDICA	LLY NEEDY - BLIND						

----- MONTHLY AVERAGE -----

---- MONTHIV AVEDACE ----

						[M]	ONTHLY AVERA	7GF
138 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	25	4,898	\$	6,024.21	\$ 1.23	35.493	\$ 240.97	\$ 43.65
DURABLE MED. EQUIP.	2	33		1,642.87	49.78	.239	821.44	11.90
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		130.00	65.00	.014	65.00	.94
MEDICAL TRANSPORTATION	4	186		908.18	4.88	1.348	227.05	6.58
AMBULANCES/AIR TRANS	1	54		541.98	10.04	.391	541.98	3.93
OTHER TRANS	3	124		284.29	2.29	.899	94.76	2.06
OTHER SERVICES	1	8		81.91	10.24	.058	81.91	.59
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		379.76	189.88	.014	379.76	2.75
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	37		1,339.45	36.20	.268	133.95	9.71
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	200		648.28	3.24	1.449	324.14	4.70
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	4,438		975.67	.22	32.159	121.96	7.07
@CALIF. CHILDREN SERVICES*	1	2	\$	1,107.25	\$ 553.63	.014	\$ 1107.25	\$ 8.02
@XOVER EXCLUDING STATE HOSP**	32	59	\$	2,494.86	\$ 42.29	.428	\$ 77.96	\$ 18.08

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,241
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

4,961 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,321	115,041	\$ 7,294,153.88	\$	63.40	23.189	\$	1688.07	\$	1470.30
@PHYSICIANS SERVICES	824	3 <b>,</b> 357	\$ 110,997.66	\$	33.06	.677	\$	134.71	\$	22.37

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	210	322		12,829.94		39.84		065		61.09		2.59
OFFICE VISITS	128	179		5,579.32		31.17		036		43.59		1.12
HOME VISITS	2	2		50.40		25.20		000		25.20		.01
EMERGENCY ROOM	82	118		6,559.86		55.59		024		80.00		1.32
PREVENTIVE CARE	0	0		.00		.00		000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00		000		.00		.00
OTHER OUTPATIENT	19	23		640.36		27.84		005		33.70		.13
INPATIENT VISITS	115	686		28,689.50		41.82		138		249.47		5.78
HOSPITAL VISITS	70	596		23,790.64		39.92		120		339.87		4.80
CRITICAL CARE	6	22		2,460.40		111.84		004		410.07		.50
SNF/ICF/TRANS IP CARE	46	68		2,438.46		35.86		014		53.01		.49
OPHTHALMOLOGICAL SERVICES	8	8		397.89		49.74		002		49.74		.08
EXAMINATIONS	8	8		397.89		49.74		002		49.74		.08
SERVICES AND MATERIALS	0	0		.00		.00		000		.00		.00
INPATIENT HOSPITAL SURGERY	30	93		7,271.19		78.18		019		242.37		1.47
PRINCIPAL SURGEON	28	36		6,482.28		180.06		007		231.51		1.31
ASSISTANT SURGEON	0	0		.00		.00		000		.00		.00
ANESTHESIOLOGIST	5	57		788.91		13.84		011		157.78		.16
OUTPATIENT SURGERY	48	186		6,903.39		37.12		037		143.82		1.39
PRINCIPAL SURGEON	37	43		5,248.76		122.06		009		141.86		1.06
ASSISTANT SURGEON	0	0		.00		.00		000		.00		.00
ANESTHESIOLOGIST	11	143		1,654.63		11.57		029		150.42		.33
DIALYSIS	1	143		225.04		225.04		000		225.04		.05
PATHOLOGY	30	132		924.19		7.00		027		30.81		.19
RADIOLOGY	106	248		12,077.67		48.70		050		113.94		2.43
PSYCHIATRY	0	0		.00		.00		000		.00		.00
IMMUNIZATION AND INJECTION	6	37		21,131.78		571.13		007		3521.96		4.26
OTHER SERVICES/ALL X-OVERS	525	1,644		20,547.07		12.50		331		39.14		4.14
@PHARMACY	3,540	•	\$	2,250,480.99	\$	84.42		373	ċ	635.73	ċ	453.63
	3,518	26,657 17,997	Ş	2,230,480.99	Ą	123.38		628	Ą	631.16	Ş	447.58
PRESCRIPTION DRUGS SNF/ICF	3,518 769	5,389		547,016.56		123.38		086		711.33		110.26
OUTPATIENTS	2,791			1,673,412.89		132.73		541		599.57		337.31
	2, 791	12,608				3.47		746		127.88		6.06
MEDICAL SUPPLIES	405	8,660	\$	30,051.54	ċ						ċ	
@DENTIST	405 295	1,293	Ş	62,025.38	\$	47.97			\$	153.15	Ş	12.50
VISITS - DIAGNOSTIC	295 36	835 62		15,355.24 3,348.89		18.39		168		52.05 93.02		3.10
ORAL SURGERY	0	0		•		54.01		012				.68
DRUGS	0	0		.00		.00		000		.00		.00
ANESTHESIA	32	-		.00		.00		000				.00
PERIODONTICS		49		9,180.00		187.35		010		286.88		1.85
ENDODONTICS	20	21		3,644.00		173.52		004		182.20		.73
RESTORATIVE DENTISTRY	115	271		24,456.25		90.24		055		212.66		4.93
PROSTHETICS	10	10		230.00		23.00		002		23.00		.05
DENTURES, STAYPLATES	19	35		5,811.00		166.03		007		305.84		1.17
SPACE MAINTAINERS	0	0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		000		.00		.00
ALL OTHER SERVICES	3	10		.00		.00		002	D= ~	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		KES MC	UNTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 T	нкU	DEC	2002	PA	AGE 6,242
MOP024	FEE-FOR-SERVICE/DE			, MEEDA DIGITI	D							01/17/03
MARIN COUNTY	SUMMARY OF SERVICE:	S FUR 41 MED	$^{11}$ CALL)	C NEEDY - DISABLEI	IJ							

MARIN COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----4,961 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 1,846.14 \$ 26.37 .014 \$ 48.58 \$ .37 @OPTOMETRIST 38 70 \$ 18 DIAGNOSTIC AND ANC. PROCED 18 854.10 47.45 .004 47.45 .17

EYE APPLIANCES	18	39		963.53		24.71	.008	53.53		.19
OTHER OPTOMETRIC SERVICES	7	13		28.51		2.19	.003	4.07		.01
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0	·	.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	96	145	\$	965.14	\$	6.66	.029		Ċ	.19
	5		Ą		Y				Ą	
MEDICINE/INJECTIONS		5		166.20		33.24	.001	33.24		.03
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	91	140		798.94		5.71	.028	8.78		.16
@HOME HEALTH AGENCY	18	3,597	\$	107,700.69	\$	29.94	.725	\$ 5983.37	\$	21.71
NURSE ANESTHESIST	0	. 0	S	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	Ō	Ś	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	Ċ	.00	\$	.00	.000		\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		\$	.00
	~		ې ۵		'					
@TOTAL HOSPITAL	646	4,291	Ş	928,870.64	\$	216.47	.865		\$	187.23
HOSP INPATIENT TOTAL	93	1,075		831,691.63		773.67	.217	8942.92		167.65
HSC HOSPITALS	34	307		452,403.00		1473.63	.062	13305.97		91.19
NON-HSC HOSPITAL TOTAL	9	127		300,640.88		2367.25	.026	33404.54		60.60
ACCOMMODATIONS	9	127		97,951.43		771.27	.026	10883.49		19.74
ADMINISTRATIVE DAYS	4	58		12,934.40		223.01	.012	3233.60		2.61
TRANSITIONAL IP CARE	0	0		100.68		.00	.000	.00		.02
ALL OTHER ACCOM	5	69		84,916.35		1230.67	.014	16983.27		17.12
	9	0								
ANCILLARIES				202,689.45		.00	.000	22521.05		40.86
INPATIENT CROSSOVERS	54	641		78,647.75		122.70	.129	1456.44		15.85
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	576	3 <b>,</b> 216		97 <b>,</b> 179.01		30.22	.648	168.71		19.59
MEDICAL	103	177		7,082.23		40.01	.036	68.76		1.43
SURGERY	37	72		2,532.41		35.17	.015	68.44		.51
PATHOLOGY	87	477		6,103.20		12.79	.096	70.15		1.23
RADIOLOGY	55	135		16,160.82		119.71	.027	293.83		3.26
ROOM USE	118	250		12,346.40		49.39	.050	104.63		2.49
	446									
CROSSOVERS/ALL OTH OUTPINT		2,105		52,953.95		25.16	.424	118.73		10.67
@COUNTY HOSPITAL TOTAL	6	38	\$	730.25	\$	19.22	.008		\$	.15
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	Ō		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
	0	0								
ALL OTHER INPATIENT	Ü			.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	38		730.25		19.22	.008	121.71		.15
MEDICAL	1	1		41.52		41.52	.000	41.52		.01
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	13		131.41		10.11	.003	43.80		.03
RADIOLOGY	2	8		167.24		20.91	.002	83.62		.03
ROOM USE	4	6		269.15		44.86	.001	67.29		.05
CROSSOVERS/ALL OTH OUTPINT	4	10		120.93		12.09	.002	30.23		.02
	MEDI-CAL SERVICES AND		IDEC M		FDOD				D7	AGE 6,243
			יון פינועור.	IONIH OF FAIMENT R	UL OK	I FOR UMN Z	LUUZ INKU		r F	
MOPO24	FEE-FOR-SERVICE/DENTAL		) T ( 7 T T	W MEEDW DIGITAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	K 41 MEI	JICALI	Y NEEDY - DISABLE	עו		=	IONITHITY AUTOA	<b>~</b> =	
							N	ע סיסיאר ∨ ו חיויואר זו	( 'L' -	

4,961 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PE.R	IINTT/DAY	PER ELIG	·	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	640	4,253	\$	928,140.39	\$	218.23			1450.22		187.09
COMM HOSP INPATIENT TOTAL	93	1,075		831,691.63	'	773.67	.217		8942.92		167.65
HSC HOSPITALS	34	307		452,403.00	-	1473.63	.062		13305.97		91.19
NON-HSC HOSPITALS TOTAL	9	127		300,640.88		2367.25	.026		33404.54		60.60
ACCOMMODATIONS	9	127		97,951.43		771.27	.026		10883.49		19.74
ADMINISTRATIVE DAYS	4	58		12,934.40		223.01	.012		3233.60		2.61
TRANSITIONAL IP CARE	0	0		100.68		.00	.000		.00		.02
ALL OTHER ACCOM	5	69		84,916.35		1230.67	.014		16983.27		17.12
ANCILLARIES	9	0		202,689.45		.00	.000		22521.05		40.86
INPATIENT CROSSOVERS	54	641		78,647.75		122.70	.129		1456.44		15.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	570	3,178		96,448.76		30.35	.641		169.21		19.44
MEDICAL	102	176		7,040.71		40.00	.035		69.03		1.42
SURGERY	37	72		2,532.41		35.17	.015		68.44		.51
PATHOLOGY	84	464		5,971.79		12.87	.094		71.09		1.20
RADIOLOGY	53	127		15,993.58		125.93	.026		301.77		3.22
ROOM USE	114	244		12,077.25		49.50	.049		105.94		2.43
CROSSOVERS/ALL OTH OUTPINT	442	2 <b>,</b> 095		52,833.02		25.22	.422		119.53		10.65
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	483	15,343	\$	1,906,016.18	\$	124.23	3.093	\$	3946.20	\$	384.20
LEV A-INTERMEDIATE	16	582		34,850.85		59.88	.117		2178.18		7.02
LEV B-REHAB MD	104	4,110		428,257.85		104.20	.828		4117.86		86.32
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	21	703		332,113.90		472.42	.142		15814.95		66.94
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	345	9,948		1,110,793.58		111.66	2.005		3219.69		223.91
@INTERMEDIATE CARE FACILDD	402	12 <b>,</b> 921	\$	1,677,388.80	\$	129.82	2.605	\$	4172.61	\$	338.12
ICF DDH	402	12,921		1,677,388.80		129.82	2.605		4172.61		338.12
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	43	100	\$	32,479.82	\$	324.80	.020	\$	755.34	\$	6.55
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	43	100		32,479.82		324.80	.020		755.34		6.55
@REHABILITATION FACILITY	4	47	\$	717.89	\$	15.27	.009	\$	179.47	\$	.14
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	47		717.89		15.27	.009		179.47		.14
@LABORATORY FACILITY	201	1,093	\$	15,305.31	\$	14.00	.220	Ş	76.15	Ş	3.09
PATHOLOGY	186	1,075		14,846.28		13.81	.217		79.82		2.99
XO AND OTHERS	17	18	<u> </u>	459.03	<b>^</b>	25.50	.004	<u> </u>	27.00	<u>^</u>	.09
@ORGANIZED OUTPATIENT CLINIC	336	634	\$	30,637.90	\$	48.32	.128	Ş	91.18	Ş	6.18
CLINIC	79	244		4,214.85		17.27	.049		53.35		.85
SURGICENTER	3 2	3		698.87		232.96	.001		232.96		.14
HEROIN DETOX CLINIC		12		178.61		14.88	.002		89.31		.04
RURAL HEALTH CLINIC	260			25,545.57			.076		98.25	Б.	5.15
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Ρ.	AGE 6,244
MOP024	FEE-FOR-SERVICE			V NEEDV DIGABLE	Б						01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 41 MED	TCALL	Y NEEDY - DISABLE	D		1.0		ת משנית עי דווו	CE	
4,961 ELIGIBLES	USERS	IINITE OF CERTIC	· 🗗	EXPENDITURES	7\ 7.7 7:77	DACE COCH	M				
4,901 ELIGIBLES	USEKS	UNITS OF SERVIC		EVLENDILOKES					USER		COST PER
@ALL OTHER PROVIDERS	572	OR DAYS OF CAR 45,493		168,721.34			PER ELIG 9.170				ELIGIBLE 34.01
DURABLE MED. EQUIP.	32	45 <b>,</b> 493 335	P	168,721.34	\$	3.71 49.94	.068	Ş	522.77	Ą	34.01
BLOOD BANK	0	333		10,728.74		.00	.000		.00		.00
אוועם סטווע	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	2	3	80.24	26.75	.001	4	.12	.02
MEDICAL TRANSPORTATION	139	2,092	15,829.47	7.57	.422	11:	88.8	3.19
AMBULANCES/AIR TRANS	48	891	9,203.61	10.33	.180	19	.74	1.86
OTHER TRANS	25	343	1,033.38	3.01	.069	4	.34	.21
OTHER SERVICES	73	858	5,592.48	6.52	.173	7	6.61	1.13
ACUPUNCTURE	1	4	75.69	18.92	.001	7.	.69	.02
ADULT DAY HEALTH CARE CTR	28	384	25,636.46	66.76	.077	91.	.59	5.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	22	94	8,433.72	89.72	.019	383	3.35	1.70
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	81	263	3,703.98	14.08	.053	4.	.73	.75
PHYSICAL THERAPIST	1	3	68.92	22.97	.001	6	.92	.01
PORTABLE X-RAY	6	13	161.41	12.42	.003	2	.90	.03
PROSTHETIST/ORTHOTISTS	7	19	1,389.32	73.12	.004	19	3.47	.28
PROSTHETICS	7	19	1,389.32	73.12	.004	19	3.47	.28
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	17	21	146.63	6.98	.004		3.63	.03
SPEECH AND AUDIOLOGY	97	331	12,959.62	39.15	.067	13	3.60	2.61
HOSPICE SERVICES	17	482	57 <b>,</b> 299.74	118.88	.097	337	.57	11.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	27	1,456	6 <b>,</b> 887.57	4.73	.293	25.	.10	1.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	159	39 <b>,</b> 993	19,319.83	.48	8.061	12	.51	3.89
@CALIF. CHILDREN SERVICES*	11	61	\$ 4,075.41	\$ 66.81	.012	\$ 37	.49	\$ .82
@XOVER EXCLUDING STATE HOSP**	1,033	6 <b>,</b> 778	\$ 238,400.39	\$ 35.17	1.366	\$ 23	.78	\$ 48.05

PAGE 6,245

01/17/03

 $<sup>\</sup>ensuremath{\text{@*}}$  TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

FEE-FOR-SERVICE/DENTAL

MARIN COUNTY	SUMMARY OF SERVIC	ES FOR 42 MEDICA	LLY NEEDY - FAMILIES				
F.4. 600 DI TGTDI DG	110770				MON'		
54,692 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	19,479	OR DAYS OF CARE	5 ==0 040 0=	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,479	99,801 \$		\$ 67.86	1.825 \$		\$ 123.84
@PHYSICIANS SERVICES	5,823	13,890 \$	776,845.96		.254 \$		
OUTPATIENT VISITS	3,701 1,946 1	4,739 2,504 1 2,040 6	181,955.53	38.40 32.09	.087	49.16	3.33
OFFICE VISITS	1,946	2,504	80,340.95	32.09	.046	41.29	1.47
HOME VISITS	1,946 1 1,787	1	44.95	44.95 45.73 43.00	.000	44.95	.00
EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE	1,787	2,040 6 102 86 1,059	93,288.85	45.73		52.20	
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.00
OB VISITS/COMPRE PERI	44	102		51.90	.002	120.32	.10
OTHER OUTPATIENT	79	86	2,128.16	31.73	.002	120.32 34.54	.05
INPATIENT VISITS	257	1,059	76,877.78	72.59	.019	Z J J • 1 4	1 • 4 1
HOSPITAL VISITS	246	813	39 <b>,</b> 348.70	48.40	.015	159.95	.72
CRITICAL CARE	34	235	37,261.58	158.56	.004	1095.93	.68
SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES	5	11 159	267.50	24.32	.000	53.50	.00
OPHTHALMOLOGICAL SERVICES	133	159	6,872.30	24.32 43.22	.003	51.67	.13
EXAMINATIONS	133	159	6,872.30	43.22	.003	51.67	.13
SERVICES AND MATERIALS	133 0 492	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	492	1,803	223,177.24	123.78	.033	453.61	4.08
PRINCIPAL SURGEON	355	407	184,343.18	452.93	.007	519.28	3.37
ASSISTANT SURGEON	19	19	3,574.28	188.12	.000	188.12	.07
ANESTHESIOLOGIST	155	1,377		25.61	.025	227.48	
OUTPATIENT SURGERY	559	1,318	70,353.09	53.38	.024	125.86	1.29
PRINCIPAL SURGEON	484	655	55,603.16	84.89	.012	114.88	1.02
ASSISTANT SURGEON	2	2	004 00	142.15	.000	142.15	.01
ANESTHESTOLOGIST	104	661	284.29 14,465.64	21.88	.012	139.09	
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	5	6	1,607.46	267.91	.000	321.49	
PATHOLOGY	368	714	7 352 98	10.30	.013	19.98	.13
RADIOLOGY	1 600	714 2 <b>,</b> 224	78,787.82	35.43	.041	49.24	1.44
PSYCHIATRY	1,000	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0 75	165	1,577.77	9.56	.003	21.04	.03
OTHER CERVICES / ALL V_OVERS	73	1,703	128,283.99	75.33	.031	177.68	2.35
OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS	7 904	19,770 \$			.361 \$		
DDECCRIDATON DDUCC	7,304	16,866	919,336.04	54.51	.308	117.83	16.81
CNE / TOE	7,002	95		365.84	.002	1053.17	.64
SNF / ICF	33		34,754.45				
OUTPATIENTS	7,779	16,771	884,581.59	52.74	.307	113.71	
MEDICAL SUPPLIES	305	2,904	34,461.70	11.87	.053	112.99	.63
@DENTIST	2,544	9,105 \$	•		.166 \$		
VISITS - DIAGNOSTIC	1,852	6,089	106,378.57	17.47	.111	57.44	1.95
ORAL SURGERY	266	458	26,871.75	58.67	.008	101.02	.49
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	7/4	80	1,671.75	20.90	.001	22.59	.03
ANESTHESIA	16	16	1,500.00	93.75		93.75	
PERIODONTICS	50	53	7,506.25	141.63	.001	150.13	.14
ENDODONTICS	161	246	33,828.75	137.52	.004	210.12	.62
RESTORATIVE DENTISTRY	861	1,960	115,955.50	59.16		134.68	
PROSTHETICS	10	12	300.00	25.00	.000	30.00	.01
DENTURES, STAYPLATES	21	93	5,452.00	58.62	.002	259.62	.10
SPACE MAINTAINERS	13	15	1,440.00	96.00	.000	110.77	.03
MAXILLOFACIAL SERVICES	6	7	696.13	99.45	.000	116.02	.01
FRACTURES, DISLOCATIONS	3	3	105.00	35.00	.000	35.00	.00
ORTHODONTIC SERVICES	42	52	2,652.27	51.01	.001	63.15	.05
ALL OTHER SERVICES	13	21	150.00	7.14	.000	11.54	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 6,246
MODOSA	EEE EOD CEDVICE/D	ENTERN T					01/17/02

01/17/03

							M	ONT	HLY AVERA	.GE	
54,692 ELIGIBLES	USERS	UNITS OF SERVICE	]	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	197	402	\$	11,608.52	\$	28.88	.007	\$	58.93	\$	.21
DIAGNOSTIC AND ANC. PROCED	177	177		8,330.62		47.07	.003		47.07		.15
EYE APPLIANCES	72	225		3 <b>,</b> 277.90		14.57	.004		45.53		.06
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	10	21	\$	351.12	\$	16.72	.000	\$	35.11	\$	.01
VISITS	10	21		351.12		16.72	.000		35.11		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	39	68	\$	2,326.64	\$	34.22	.001	\$	59.66	\$	.04
MEDICINE/INJECTIONS	37	41		1,193.98		29.12	.001		32.27		.02
SURGERY/ANES.	5	6		74.00		12.33	.000		14.80		.00
RADIO./PATHOLOGY	5	9		159.14		17.68	.000		31.83		.00
OTHER	6	12		899.52		74.96	.000		149.92		.02
@HOME HEALTH AGENCY	243	437	\$	24,346.79	\$	55.71	.008	Ś		\$	.45
NURSE ANESTHESIST	1	15	\$	248.54	\$	16.57	.000		248.54	\$	.00
NURSE MIDWIFE	2	12	Ś	309.21	\$	25.77	.000		154.61	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	6.38	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	2	7	Ś	63.10	\$	9.01	.000		31.55	\$	.00
@TOTAL HOSPITAL	3,699	14,392	Ś	3,109,317.49	Ś	216.04	.263		840.58	\$	56.85
HOSP INPATIENT TOTAL	502	1,931	Ψ	2,674,701.67	т	1385.14	.035	т	5328.09	т	48.90
HSC HOSPITALS	482	1,875		2,594,549.71		1383.76	.034		5382.88		47.44
NON-HSC HOSPITAL TOTAL	20	51		79,339.96		1555.69	.001		3967.00		1.45
ACCOMMODATIONS	20	51		30,165.40		591.48	.001		1508.27		.55
ADMINISTRATIVE DAYS	2	2		61.37		30.69	.000		30.69		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	49		30,104.03		614.37	.001		1584.42		.55
ANCILLARIES	20	0		49,174.56		.00	.000		2458.73		.90
INPATIENT CROSSOVERS	1	5		812.00		162.40	.000		812.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3 <b>,</b> 347	· · · · · · · · · · · · · · · · · · ·		434,615.82		34.88	.228		129.85		7.95
MEDICAL	1,387	12,461 1,892		73,840.02		39.03	.035		53.24		1.35
	1,387 267	379		15,707.24		41.44	.035				.29
SURGERY				•					58.83		
PATHOLOGY	1,070	3,925		41,567.51		10.59	.072		38.85		.76
RADIOLOGY	1,065	1,345		97,743.86		72.67	.025		91.78		1.79
ROOM USE	1,648	2,157		91,424.31		42.38	.039		55.48		1.67
CROSSOVERS/ALL OTH OUTPTNT	1,319	2,763	<b>A</b>	114,332.88	<u> </u>	41.38	.051	<u> </u>	86.68	<u> </u>	2.09
@COUNTY HOSPITAL TOTAL	51	278	\$	- ,	\$		.005	Ş	367.61	Ş	.34
CO HOSPITAL INPATIENT TOTAL	6	11		11,403.02		1036.64	.000		1900.50		.21
HSC HOSPITALS	6	11		11,403.02		1036.64	.000		1900.50		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	46	267		7,344.91		27.51	.005		159.67		.13
MEDICAL	13	16		414.80		25.93	.000		31.91		.01
SURGERY	14	19		550.41		28.97	.000		39.32		.01
PATHOLOGY	26	129		2,543.13		19.71	.002		97.81		.05
RADIOLOGY	6	6		363.43		60.57	.000		60.57		.01
ROOM USE	29	51		2,541.46		49.83	.001		87.64		.05

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

1111(11) 0001(11)	00111111111 01 01111	. 1000 101 10 1101	011111					MON	THLY AVERA	GE.	
54,692 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	. AVF	ERAGE COST			COST PER		COST PER
01,002 111011110	ODLING	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,653	14,114	\$	3,090,569.56		218.97		8 \$			56.51
COMM HOSP INPATIENT TOTAL	496	1,920	۲	2,663,298.65		1387.13	.03		5369.55	Y	48.70
HSC HOSPITALS	476	1,864		2,583,146.69		1385.81	.03		5426.78		47.23
NON-HSC HOSPITALS TOTAL	20	51		79,339.96		1555.69	.00		3967.00		1.45
	20			•							
ACCOMMODATIONS		51		30,165.40		591.48	.00		1508.27		.55
ADMINISTRATIVE DAYS	2	2		61.37		30.69	.00		30.69		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
ALL OTHER ACCOM	19	4 9		30,104.03		614.37	.00		1584.42		.55
ANCILLARIES	20	0		49,174.56		.00	.00		2458.73		.90
INPATIENT CROSSOVERS	1	5		812.00		162.40	.00		812.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,306	12,194		427,270.91		35.04	.22		129.24		7.81
MEDICAL	1 <b>,</b> 375	1 <b>,</b> 876		73,425.22		39.14	.03		53.40		1.34
SURGERY	254	360		15,156.83		42.10	.00	7	59.67		.28
PATHOLOGY	1,044	3 <b>,</b> 796		39,024.38	1	10.28	.06	9	37.38		.71
RADIOLOGY	1,060	1,339		97,380.43	}	72.73	.02	4	91.87		1.78
ROOM USE	1,624	2,106		88,882.85	i	42.20	.03	9	54.73		1.63
CROSSOVERS/ALL OTH OUTPINT	1,301	2,717		113,401.20	)	41.74	.05	0	87.16		2.07
@STATE HOSPITAL	, 0	, 0	\$	.00	\$	.00	.00	0 \$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.00	0	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.00		.00		.00
@NURSING FACILITY	3	348	\$	42,509.64		122.15	.00			Ś	.78
LEV A-INTERMEDIATE	0	0	Т	.00		.00	.00		.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
LEV B TRANSTITIONAL IF CARE	3	348		42,509.64		122.15	.00		14169.88		.78
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00		.00	.00			Ċ	.00
ICF DDH	0	0	۲	.00		.00	.00		.00	۲	.00
	0	0							.00		
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	U	•	<u> </u>							<u> </u>	
@HEMODIALYSIS TOTAL	9	443	\$	13,631.75		30.77	.00			Ş	.25
HOSPITAL BASED	U	0		.00		.00	.00		.00		.00
HEMODIALYSIS CENTER	9	443		13,631.75		30.77	.00		1514.64		.25
@REHABILITATION FACILITY	8	94	\$	1,375.78		14.64	.00			Ş	.03
HOSPITAL BASED	0	1CR		7.58		7.58CR	.00		.00		.00
INDEPENDENT FACILITY	8	95		1,368.20		14.40	.00		171.03		.03
@LABORATORY FACILITY	2,735	10,178	\$	138,133.51		13.57	.18			\$	2.53
PATHOLOGY	2,725	10,163		136,857.64		13.47	.18		50.22		2.50
XO AND OTHERS	13	15		1,275.87		85.06	.00		98.14		.02
@ORGANIZED OUTPATIENT CLINIC	6,857	22,456	\$	1,259,176.48	\$	56.07	.41	1 \$		\$	23.02
CLINIC	2,136	14,213		262,393.11		18.46	.26	0	122.84		4.80
SURGICENTER	2	9		199.88		22.21	.00		99.94		.00
HEROIN DETOX CLINIC	3	46		540.36		11.75	.00	1	180.12		.01
RURAL HEALTH CLINIC	5,038	8,188		996,043.13	}	121.65	.15	0	197.71		18.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES M			r for jan 2	2002 THR	U DE	C 2002	Р	AGE 6,248
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERV	VICES FOR 42 MEDI	CALI	Y NEEDY - FAMILI	ES						

						MO	TNC	HLY AVERA	GΕ	
54,692 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,328	8,163	\$	134,357.35	\$ 16.46	.149	\$	101.17	\$	2.46
DURABLE MED. EQUIP.	64	90		6,335.35	70.39	.002		98.99		.12
BLOOD BANK	0	0		.00				.00		.00
HEARING AID DISPENSERS	11	47		5,652.83	.00 120.27 25.38	.001		513.89		.10
MEDICAL TRANSPORTATION	144	1,508		38,271.99	25.38	.028		265.78		.70
AMBULANCES/AIR TRANS	143	1,496		25,630.70	17.13	.027		179.24		.47
OTHER TRANS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	8	12		12,641.29	1053.44	.000		1580.16		.23
ACUPUNCTURE	36	80		1,459.75	18.25	.001		40.55		.03
ADULT DAY HEALTH CARE CTR		0		.00	.00	.000		.00		.00
GENETIC DISEASE TESTING	175	0 177		14,981.00	84.64	.003		85.61		.27
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		.00		.00
OCCUPATIONAL THERAPIST		0		.00	.00	.000		.00		.00
OPTICIAN	300	817		9,591.37	11.74	.015		31.97		.18
PHYSICAL THERAPIST	2	5		89.96	17.99	.000		44.98		.00
PORTABLE X-RAY	0	0		.00	.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	51	137		19,520.83	142.49	.003		382.76		.36
PROSTHETICS	46	131		19,080.99	145.66	.002		414.80		.35
ORTHOTICS	5	6		439.84	73.31	.000		87.97		.01
PSYCHOLOGIST	0	0		.00	.00	.000		.00		.00
SPEECH AND AUDIOLOGY	6	13		652.84	50.22	.000		108.81		.01
HOSPICE SERVICES	1	5		818.55	163.71	.000		818.55		.01
NONINST BIRTHING CENTERS	1	1		1,007.23	1007.23	.000		1007.23		.02
LOCAL EDUCATION AGENCIES	533	3 <b>,</b> 256			10.69	.060		65.32		.64
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0 0 2,027		.00	.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		.00		.00
ALL OTHER PROVIDERS	16	2,027		1,157.76	.57	.037		72.36		.02
@CALIF. CHILDREN SERVICES*	230	2,311	\$	582,422.48	\$ 252.02	.042	\$	2532.27	\$	10.65
@XOVER EXCLUDING STATE HOSP**	69	235	\$	17,199.90	\$ 73.19	.004	\$	249.27	\$	.31
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPA	RATE INFORMATION I	TEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PPROPRIATE DETAIL 1	LINE	S ABOVE.						
** THESE DATA ARE INCLUDED II	N THE APPROPRIAT	TE DETAIL LINES ABO	OVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU I	DEC	2002	Р	AGE 6,249
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERV	VICES FOR 43 MEDIC	CALL	Y NEEDY						
						MC	ТИС	HLY AVERA	GΕ	
69,452 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S	COST PER		COST PER

MONIBULL ATTERNACE

69,452 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 31,260 438,518 \$ 29,248,626.73 66.70 6.314 \$ 935.66 \$ 421.13 \$ @PHYSICIANS SERVICES 7,753 20,506 999,698.76 48.75 .295 128.94 \$ 14.39 OUTPATIENT VISITS 4,137 5,370 208,521.05 38.83 .077 50.40 3.00 2,892 32.34 .042 42.04 1.35 OFFICE VISITS 2,225 93,541.45 3 31.78 .000 31.78 HOME VISITS 3 95.35 .00 47.02 54.29 1.52 EMERGENCY ROOM 1,947 2,248 105,697.89 .032 PREVENTIVE CARE 6 257.98 43.00 .000 43.00 .00 6 5,294.04 51.90 120.32 .08 OB VISITS/COMPRE PERI 44 102 .001 OTHER OUTPATIENT 107 119 3,634.34 30.54 .002 33.97 .05 INPATIENT VISITS 438 2,160 124,738.60 57.75 284.79 1.80 .031 213.44 375 44.61 .026 1.15 HOSPITAL VISITS 1,794 80,038.74 270 152.97 960.53 CRITICAL CARE 43 41,302.78 .004 .59 35.39 SNF/ICF/TRANS IP CARE 61 96 3,397.08 .001 55.69 .05 OPHTHALMOLOGICAL SERVICES 167 197 8,770.80 44.52 .003 52.52 .13

EXAMINATIONS	167	197	8,770.80	44	.52 .003	52.52	.13
SERVICES AND MATERIALS	0	0	.00		.00 .000	.00	.00
INPATIENT HOSPITAL SURGERY	559	2,147	249,748.99	116	.32 .031	446.78	3.60
PRINCIPAL SURGEON	408	484	205,877.84	425	.37 .007	504.60	2.96
ASSISTANT SURGEON	22	22	4,355.37	197	.97 .000	197.97	.06
ANESTHESIOLOGIST	173	1,641	39,515.78	24	.08 .024	228.41	.57
OUTPATIENT SURGERY	652	1,682	92 <b>,</b> 998.73	55	.29 .024	142.64	1.34
PRINCIPAL SURGEON	553	747	74,598.06	99	.86 .011	134.90	1.07
ASSISTANT SURGEON	2	2	284.29	142	.15 .000	142.15	.00
ANESTHESIOLOGIST	129	933	18,116.38	19	.42 .013	140.44	.26
DIALYSIS	6	7	1,832.50	261	.79 .000	305.42	.03
PATHOLOGY	430	944	9,121.78	9	.66 .014	21.21	.13
RADIOLOGY	1,868	2,792	104,058.10	37	.27 .040	55.71	1.50
PSYCHIATRY	0	0	.00		.00 .000	.00	.00
IMMUNIZATION AND INJECTION	88	216	22 <b>,</b> 797.56	105	.54 .003	259.06	.33
OTHER SERVICES/ALL X-OVERS	2,019	4,991	177,110.65	35	.49 .072	87.72	2.55
@ PHARMACY	16,830	76 <b>,</b> 971	\$ 4,522,808.83	\$ 58	.76 1.108	\$ 268.73	\$ 65.12
PRESCRIPTION DRUGS	16,663	58 <b>,</b> 075	4,443,757.15	76	.52 .836	266.68	63.98
SNF/ICF	3 <b>,</b> 389	19,174	1,244,840.23	64	.92 .276	367.32	17.92
OUTPATIENTS	13,380	38,901	3,198,916.92	82	.23 .560	239.08	46.06
MEDICAL SUPPLIES	750	18,896	79,051.68		.18 .272	105.40	1.14
@DENTIST	3,419	11,958	\$ 442,127.80	\$ 36	.97 .172	\$ 129.31	\$ 6.37
VISITS - DIAGNOSTIC	2,483	7 <b>,</b> 852	137,579.25	17	.52 .113	55.41	1.98
ORAL SURGERY	367	690	37,411.64	54	.22 .010	101.94	.54
DRUGS	74	80	1,671.75		.90 .001	22.59	.02
ANESTHESIA	16	16	1,500.00	93	.75 .000	93.75	.02
PERIODONTICS	96	117	19,241.25	164	.46 .002	200.43	.28
ENDODONTICS	202	292	42,633.75	146	.01 .004	211.06	.61
RESTORATIVE DENTISTRY	1,066	2,414	156 <b>,</b> 707.75	64	.92 .035	147.01	2.26
PROSTHETICS	26	33	2,060.00	62	.42 .000	79.23	.03
DENTURES, STAYPLATES	113	356	38,279.01	107		338.75	.55
SPACE MAINTAINERS	13	15	1,440.00	96	.00	110.77	.02

MAXILLOFACIAL SERVICES	6	7	696.13	99.45	.000	116.02	.01
FRACTURES, DISLOCATIONS	3	3	105.00	35.00	.000	35.00	.00
ORTHODONTIC SERVICES	42	52	2,652.27	51.01	.001	63.15	.04
ALL OTHER SERVICES	16	31	150.00	4.84	.000	9.38	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 6,250
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES E	OR 43 MEDICA	LLY NEEDY				

Commension   Com	MARIN COUNTY	SUMMARY OF SER	VICES FOR 43 MED	ICALL:	Y NEEDY			.,	0370		<b>~</b> =	
OFFIDERICIST   SECURITION   PER NULLY DAY	60 450 =======			_							GE	
BOPTOMETRIET	69,452 ELIGIBLES	USERS			EXPENDITURES							
DIAGNOSTIT AND ANC, PROCED EYS APPLIANCES EYS APPLIANCES  8	_											
SYE APPLIANCES				Ş		Ş			Ş		Ş	
OTHER OFFOMERIC SERVICES 8 15 40.76 2.72 .000 5.10 .00 (001) CVISITS 10 21 \$ 351.12 \$ 16.72 .000 \$ 35.11 \$ .01 CVISITS 10 21 355.12 \$ 16.72 .000 \$ 35.11 \$ .01 CVISITS 10 21 355.12 \$ 16.72 .000 \$ 35.11 \$ .01 CVISITS 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
### OFFICIAL PROPRIETOR   10							16.29					
VISITS												
OTHER SERVICES	@CHIROPRACTOR			\$		\$			\$		\$	
PODITATEIST	VISITS				351.12							
MEDICINE/INJECTIONS	OTHER SERVICES		0							.00		.00
SURGERY/ANES. 5 6 74.00 12.33 .000 14.80 .00 RADIO./PARTICLOGY 5 9 159.14 17.68 .000 31.83 .000 CTHER 412 615 4.134.06 6.72 .009 10.03 .06 61000 ENABLE PRATECT 288 4.253 \$ 14.7518.62 \$ 34.69 .061 \$ 512.22 \$ 2.12 NURSE ANDRESTRESIST 1 1.5 \$ 248.54 \$ 16.57 .000 \$ 248.54 \$ .00 NURSE MIDWIFE 2 2 12 \$ 309.21 \$ 25.77 .000 \$ 154.61 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 0 \$ 6.38 \$ .00 .000 \$ 154.61 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.8 \$ .00 .000 \$ 154.61 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.8 \$ .00 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.0 \$ 9.01 .000 \$ 154.61 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.63.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.53.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.53.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.53.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 2 7 \$ 6.53.0 \$ 9.01 .000 \$ 154.65 \$ .00 PEDIATRIC NURSE PRACTITIONER 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	@PODIATRIST		683	\$	5 <b>,</b> 963.98	\$		.010	\$		\$	.09
RADIO./PATROLOGY   5	MEDICINE/INJECTIONS				1,596.78							
OTHER   412	SURGERY/ANES.		6		74.00		12.33	.000				.00
BHOME HEALTH AGENCY   288	RADIO./PATHOLOGY		9		159.14			.000				.00
NURSE ANESTHESIST 1 1 15 \$ 248.54 \$ 16.57 .000 \$ 248.54 \$ .00 NURSE MIDWIFE 2 12 \$ 309.21 \$ 25.77 .000 \$ 154.61 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 0 \$ 6.38 \$ .00 .000 \$ .000 \$ .000 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ 63.10 \$ .901 .000 \$ .000 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ 63.10 \$ .901 .000 \$ .000 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ 63.10 \$ .901 .000 \$ .000 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ 63.10 \$ .901 .000 \$ .000 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ 63.10 \$ .901 .000 \$ .105 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ 63.10 \$ .901 .000 \$ .105 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ 63.10 \$ .901 .000 \$ .105 \$ .000 PEDIATRIC NURSE PRACTITIONER 2 7 \$ .000 PEDIATRIC NURSE PRACTIC NURSE PRACT	OTHER		615		4,134.06		6.72	.009				.06
NURSE MIDWIFE 2 12 \$ 309.21 \$ 25.77 .000 \$ 154.61 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 0 \$ 6.38 \$ .00 .000 \$ .00 \$ .00 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00 PAMILY NURSE PRACTITIONER 2 7 \$ .000 PAMILY NURS PRA	@HOME HEALTH AGENCY	288	4,253	\$	147,518.62	\$	34.69	.061	\$	512.22	\$	2.12
PEDIATRIC NURSE PRACTITIONER   0	NURSE ANESTHESIST			\$	248.54	\$		.000	\$	248.54	\$	.00
## PAMILY NURSE PRACTITIONER 2 7 \$ 63.10 \$ 9.01 .000 \$ 31.55 \$ .00	NURSE MIDWIFE	2	12	\$	309.21	\$	25.77	.000	\$	154.61	\$	.00
## HOSPITAL	PEDIATRIC NURSE PRACTITIONER	0		\$	6.38	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL 701 3,745 3,924,798.84 1048.01 .054 5598.86 56.51 HSC HOSPITALS 567 2,436 3,373,917.36 1385.02 .035 5595.47 48.58 NON-HSC HOSPITAL TOTAL 33 197 392,208.38 1990.91 .003 11885.10 5.65 ACCOMMODATIONS 33 197 132,616.27 673.18 .003 4018.67 1.91 ADMINISTRATIVE DAYS 10 79 17,495.21 221.46 .001 1749.52 .25 TRANSITIONAL IF CARE 0 0 0 100.68 .00 .000 .000 .00 .00 .00 .00 .00 .00	FAMILY NURSE PRACTITIONER	2	7	\$		\$	9.01	.000	\$	31.55	\$	.00
HOSP INPATIENT TOTAL 701 3,745 3,924,798.84 1048.01 .054 5598.86 56.51 HSC HOSPITALS 567 2,436 3,373,917.36 1385.02 .035 5595.47 48.58 NON-HSC HOSPITAL TOTAL 33 197 392,208.38 1990.91 .003 11885.10 5.65 ACCOMMODATIONS 33 197 132,616.27 673.18 .003 4018.67 1.91 ADMINISTRATIVE DAYS 10 79 17,495.21 221.46 .001 1749.52 .25 TRANSITIONAL IF CARE 0 0 0 100.68 .00 .000 .000 .00 .00 .00 .00 .00 .00	@TOTAL HOSPITAL	4,980	22,073	\$	4,545,013.61	\$	205.91	.318	\$		\$	65.44
HSC HOSPITALS	HOSP INPATIENT TOTAL		3,745		3,924,798.84		1048.01	.054		5598.86		56.51
NON-HSC HOSPITAL TOTAL 33 197 392,208.38 1990.91 .003 11885.10 5.55 ACCOMMODATIONS 33 197 132,616.27 673.18 .003 4018.67 1.91 ADMINISTRATIVE DAYS 10 79 17,495.21 221.46 .001 1749.52 .25 TRANSITIONAL IP CARE 0 0 0 100.68 .00 .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM 24 118 115,020.38 974.75 .002 4792.52 1.66 ANCILLARIES 33 0 259,592.11 .00 .000 7866.43 3.74 .11 .11 .11 .11 .11 .11 .11 .11 .11 .1	HSC HOSPITALS	567					1385.02	.035		5950.47		48.58
ACCOMMODATIONS 33 197 132,616.27 673.18 .003 4018.67 1.91 ADMINISTRATIVE DAYS 10 79 17,495.21 221.46 .001 1749.52 .25 TRANSITIONAL IP CARE 0 0 0 100.68 .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM 24 118 115,020.38 974.75 .002 4792.52 1.66 ANCILARIES 33 0 259,592.11 .00 .000 7866.43 3.74 INPATIENT CROSSOVERS 110 1,112 158,673.10 142.69 .016 1442.48 2.28 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 4,493 18,328 620,214.77 33.84 .264 138.04 8.93 MEDICAL 1,606 2,261 87,813.46 38.84 .033 54.68 1.26 SURGERY 332 486 20,556.74 42.30 .007 61.92 .30 PATHOLOGY 1,278 5,024 54,977.70 10.94 .072 43.02 .79 ROOM USE 1,875 2,553 109,903.31 43.05 .037 58.62 1.88 CROSSOVERS/ALL OTH OUTPTNT 2,138 6,325 215,726.35 34.11 .091 100.90 3.11 8COUNTY HOSPITAL TOTAL 6 11 11,403.02 1036.64 .000 1900.50 .16 HSC HOSPITALS TOTAL 6 11 11,403.02 1036.64 .000 1900.50 .16 HSC HOSPITALS TOTAL 6 11 11,403.02 1036.64 .000 1900.50 .16 HSC HOSPITALS TOTAL 6 11 11,403.02 1036.64 .000 1900.50 .16 NSC HSSITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITAL TOTAL	33					1990.91	.003		11885.10		
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O	ACCOMMODATIONS	33	197		132,616.27		673.18	.003		4018.67		1.91
TRANSITIONAL IP CARE 0 0 100.68 .00 .000 .00 .00 .00 ALL OTHER ACCOM 24 118 115,020.38 974.75 .002 4792.52 1.66 ANCILLARIES 33 0 259,592.11 .00 .000 .7866.43 3.74 INPATIENT CROSSOVERS 110 1,112 158,673.10 142.69 .016 1442.48 2.28 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	10	79				221.46	.001		1749.52		.25
ALL OTHER ACCOM 24 118 115,020.38 974.75 .002 4792.52 1.66 ANCILLARIES 33 0 259,592.11 .00 .000 7866.43 3.74 INPATIENT CROSSOVERS 110 1,112 158,673.10 142.69 .016 1442.48 2.28 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0		0	0							.00		
ANCILLARIES 33 0 259,592.11 .00 .000 7866.43 3.74 INPATIENT CROSSOVERS 110 1,112 158,673.10 142.69 .016 1442.48 2.28 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	ALL OTHER ACCOM	24	118		115,020.38					4792.52		1.66
INPATIENT CROSSOVERS	ANCILLARIES	33	0				.00	.000		7866.43		3.74
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		110	1,112		•							2.28
HOSP OUTPATIENT TOTAL		0	, 0		.00		.00	.000				.00
MEDICAL         1,606         2,261         87,813.46         38.84         .033         54.68         1.26           SURGERY         332         486         20,556.74         42.30         .007         61.92         .30           PATHOLOGY         1,278         5,024         54,977.70         10.94         .072         43.02         .79           RADIOLOGY         1,244         1,679         131,237.21         78.16         .024         105.50         1.89           ROOM USE         1,875         2,553         109,903.31         43.05         .037         58.62         1.58           CROSSOVERS/ALL OTH OUTPTNT         2,138         6,325         215,726.35         34.11         .091         100.90         3.11           @COUNTY HOSPITAL TOTAL         59         322         \$ 19,692.70         \$ 61.16         .005         \$ 333.77         \$ 28           CO HOSPITAL INPATIENT TOTAL         6         11         11,403.02         1036.64         .000         1900.50         .16           HSC HOSPITALS         6         11         11,403.02         1036.64         .000         1900.50         .16           NON-HSC HOSPITALS TOTAL         0         0         .00         .0		4,493	18,328									
SURGERY         332         486         20,556.74         42.30         .007         61.92         .30           PATHOLOGY         1,278         5,024         54,977.70         10.94         .072         43.02         .79           RADIOLOGY         1,244         1,679         131,237.21         78.16         .024         105.50         1.89           ROOM USE         1,875         2,553         109,903.31         43.05         .037         58.62         1.58           CROSSOVERS/ALL OTH OUTPTNT         2,138         6,325         215,726.35         34.11         .091         100.90         3.11           @COUNTY HOSPITAL TOTAL         59         322         \$ 19,692.70         \$ 61.16         .005         \$ 333.77         \$ .28           CO HOSPITAL INPATIENT TOTAL         6         11         11,403.02         1036.64         .000         1900.50         .16           HSC HOSPITALS         6         11         11,403.02         1036.64         .000         1900.50         .16           NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <t< td=""><td>MEDICAL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>54.68</td><td></td><td>1.26</td></t<>	MEDICAL									54.68		1.26
PATHOLOGY         1,278         5,024         54,977.70         10.94         .072         43.02         .79           RADIOLOGY         1,244         1,679         131,237.21         78.16         .024         105.50         1.89           ROOM USE         1,875         2,553         109,903.31         43.05         .037         58.62         1.58           CROSSOVERS/ALL OTH OUTPTNT         2,138         6,325         215,726.35         34.11         .091         100.90         3.11           @COUNTY HOSPITAL TOTAL         59         322         \$ 19,692.70         \$ 61.16         .005         \$ 333.77         \$ .28           CO HOSPITAL INPATIENT TOTAL         6         11         11,403.02         1036.64         .000         1900.50         .16           HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00												
RADIOLOGY 1,244 1,679 131,237.21 78.16 .024 105.50 1.89 ROOM USE 1,875 2,553 109,903.31 43.05 .037 58.62 1.58 CROSSOVERS/ALL OTH OUTPTNT 2,138 6,325 215,726.35 34.11 .091 100.90 3.11 @COUNTY HOSPITAL TOTAL 59 322 \$ 19,692.70 \$ 61.16 .005 \$ 333.77 \$ .28 CO HOSPITAL INPATIENT TOTAL 6 11 11,403.02 1036.64 .000 1900.50 .16 HSC HOSPITALS TOTAL 0 0 0 .000 .000 1900.50 .16 NON-HSC HOSPITALS TOTAL 0 0 0 .000 .000 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 .000 .000 .000 .000 .000 .000 .												
ROOM USE         1,875         2,553         109,903.31         43.05         .037         58.62         1.58           CROSSOVERS/ALL OTH OUTPTNT         2,138         6,325         215,726.35         34.11         .091         100.90         3.11           @COUNTY HOSPITAL TOTAL         59         322         \$ 19,692.70         \$ 61.16         .005         \$ 333.77         \$ .28           CO HOSPITAL INPATIENT TOTAL         6         11         11,403.02         1036.64         .000         1900.50         .16           HSC HOSPITALS         6         11         11,403.02         1036.64         .000         1900.50         .16           NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00           ACCOMMODATIONS         0         0         .00         .00         .00         .00         .00         .00         .00           ADMINISTRATIVE DAYS         0         0         .00         .00         .00         .00         .00         .00         .00         .00           TRANSITIONAL IP CARE         0         0         .00         .00         .00         .00         .00         .00         .00 </td <td></td>												
CROSSOVERS/ALL OTH OUTPTNT 2,138 6,325 215,726.35 34.11 .091 100.90 3.11   @COUNTY HOSPITAL TOTAL 59 322 \$ 19,692.70 \$ 61.16 .005 \$ 333.77 \$ .28   CO HOSPITAL INPATIENT TOTAL 6 11 11,403.02 1036.64 .000 1900.50 .16   HSC HOSPITALS												
@COUNTY HOSPITAL TOTAL         59         322         \$         19,692.70         \$         61.16         .005         \$         333.77         \$         .28           CO HOSPITAL INPATIENT TOTAL         6         11         11,403.02         1036.64         .000         1900.50         .16           HSC HOSPITALS         6         11         11,403.02         1036.64         .000         1900.50         .16           NON-HSC HOSPITALS         10         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td></td>												
CO HOSPITAL INPATIENT TOTAL 6 11 11,403.02 1036.64 .000 1900.50 .16 HSC HOSPITALS 6 11 11,403.02 1036.64 .000 1900.50 .16 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00				Ś		Ś			Ś		Ś	
HSC HOSPITALS       6       11       11,403.02       1036.64       .000       1900.50       .16         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00         ACCOMMODATIONS       0       0       .00       .00       .00       .00       .00       .00         ADMINISTRATIVE DAYS       0       0       .00       .00       .00       .00       .00       .00         TRANSITIONAL IP CARE       0       0       .00       .00       .00       .00       .00       .00       .00         ALL OTHER ACCOM       0       0       .00       .00       .00       .00       .00       .00       .00         ANCILLARIES       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00         INPATIENT CROSSOVERS       0       0       .00       .00       .00       .00       .00       .00       .00       .00	-			7		- T			7		7	
NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00		6										
ACCOMMODATIONS 0 0 0 .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0										
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			0									
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			n									
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			0									
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00		•										
			n									
		-										

CO HOSP OUTPATIENT TOTAL	54	311	8,289.68	26.65	.004	153.51	.12
MEDICAL	16	19	589.68	31.04	.000	36.86	.01
SURGERY	14	19	550.41	28.97	.000	39.32	.01
PATHOLOGY	30	143	2,679.25	18.74	.002	89.31	.04
RADIOLOGY	8	14	530.67	37.91	.000	66.33	.01
ROOM USE	35	59	2,877.25	48.77	.001	82.21	.04
CROSSOVERS/ALL OTH OUTPTNT	24	57	1,062.42	18.64	.001	44.27	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2002 THRU DEC	2002	PAGE 6,251
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA:	LLY NEEDY				
					MONT	PUTV ATTEDAC	`E

MARIN COUNTY	SUMMARY OF SER	VICES FOR 43 MED	ICALLY	Y NEEDY					
						MO	NTHLY AVERA	ΔGE	
69,452 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,928	21,751	\$	4,525,320.91	\$ 208.05	.313	\$ 918.29	\$	65.16
COMM HOSP INPATIENT TOTAL	695	3,734		3,913,395.82	1048.04	.054	5630.79		56.35
HSC HOSPITALS	561	2,425			1386.60	.035	5993.79		48.41
NON-HSC HOSPITALS TOTAL	33	197		392,208.38	1386.60 1990.91	.003	11885.10		5.65
ACCOMMODATIONS	33	197		132,616.27	673.18	.003	4018.67		1.91
ADMINISTRATIVE DAYS	10	79		17,495.21	221.46	.001	1749.52		.25
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.00		.00
ALL OTHER ACCOM	24 33	118		115,020.38	974.75	.002	4792.52		1.66
ANCILLARIES	33	0		259,592.11	.00	.000	7866.43		3.74
INPATIENT CROSSOVERS	110	1,112		158,673.10	142.69	.016	1442.48		2.28
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,446	18,017		611,925.09	33.96	.259	137.63		8.81
MEDICAL	1,592	2,242		87,223.78	38.90	.032	54.79		1.26
SURGERY	319	467		20,006.33	42.84	.007	62.72		.29
PATHOLOGY	1,249	4,881		52,298.45	10.71	.070	41.87		.75
RADIOLOGY	1,249	1,665		130,706.54	78.50	.024	105.66		1.88
ROOM USE		2,494		107,026.06	42.91	.036	57.98		1.54
	1,846 2,115				34.25				
CROSSOVERS/ALL OTH OUTPTNT	2,113	6,268	Ċ	214,663.93		.090	101.50	Ċ	3.09
@STATE HOSPITAL	-	0	\$	.00		.000	•	Þ	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	4,122	139,586	\$	14,590,872.79			\$ 3539.76	Ş	210.09
LEV A-INTERMEDIATE	18	713		40,005.25	56.11	.010	2222.51		.58
LEV B-REHAB MD	109	4,195		438,073.42	104.43	.060	4019.02		6.31
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	21	703		332,113.90	472.42	.010	15814.95		4.78
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	3,980	133,975		13,780,680.22	102.86	1.929	3462.48		198.42
@INTERMEDIATE CARE FACILDD	430	13,829	\$	1,793,809.50	\$ 129.71		\$ 4171.65	\$	25.83
ICF DDH	430	13 <b>,</b> 829		1,793,809.50	129.71	.199	4171.65		25.83
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0 75	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	75	568	\$	64,716.07	\$ 113.94	.008	\$ 862.88	\$	.93
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	75	568		64,716.07	113.94	.008	862.88		.93
@REHABILITATION FACILITY	13	142	\$	2,138.04	\$ 15.06	.002	\$ 164.46	\$	.03
HOSPITAL BASED	1	0		51.95	.00	.000	51.95		.00
INDEPENDENT FACILITY	12	142		2,086.09	14.69	.002	173.84		.03
@LABORATORY FACILITY	3,159	13,050	\$	167,564.55	\$ 12.84	.188	\$ 53.04	\$	2.41
PATHOLOGY	3,117	12,990		164,559.72	12.67	.187	52.79		2.37
XO AND OTHERS	53	60		3,004.83	50.08	.001	56.69		.04
@ORGANIZED OUTPATIENT CLINIC	7 <b>,</b> 667	23,838	\$		\$ 56.56	.343		Ś	19.41
CLINIC	2,248	14,515	т		18.51	.209	119.49	т.	3.87
0211110	2,210	11,010		200,000.01	10.01	• 2 0 3			3.07

8 15 1,514.74 100.98 .000 189.34 .02 SURGICENTER 5 58 718.97 12.40 143.79 HEROIN DETOX CLINIC .001 .01 5,745 9,250 1,077,498.57 116.49 .133 187.55 15.51 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,252 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

----- MONTHLY AVERAGE -----

					MO	NTHLY AVERA	GE
69,452 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,842	110,413	\$ 600,660.41	\$ 5.44	1.590	\$ 211.35	\$ 8.65
DURABLE MED. EQUIP.	155	1,101	67 <b>,</b> 784.12	61.57	.016	437.32	.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	50	98	11,323.90	115.55	.001	226.48	.16
MEDICAL TRANSPORTATION	505	5 <b>,</b> 823	73,711.94	12.66	.084	145.96	1.06
AMBULANCES/AIR TRANS	247	2,845	42,426.20	14.91	.041	171.77	.61
OTHER TRANS	54	661	2,220.02	3.36	.010	41.11	.03
OTHER SERVICES	226	2,317	29,065.72	12.54	.033	128.61	.42
ACUPUNCTURE	48	110	2,011.21	18.28	.002	41.90	.03
ADULT DAY HEALTH CARE CTR	104	1,287	84,037.36	65.30	.019	808.05	1.21
GENETIC DISEASE TESTING	175	177	14,981.00	84.64	.003	85.61	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	104	495	37,363.18	75.48	.007	359.26	.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	523	1,489	19,105.50	12.83	.021	36.53	.28
PHYSICAL THERAPIST	3	8	158.88	19.86	.000	52.96	.00
PORTABLE X-RAY	21	30	176.03	5.87	.000	8.38	.00
PROSTHETIST/ORTHOTISTS	65	178	21,524.31	120.92	.003	331.14	.31
PROSTHETICS	59	171	21,003.16	122.83	.002	355.99	.30
ORTHOTICS	6	7	521.15	74.45	.000	86.86	.01
PSYCHOLOGIST	38	47	279.49	5.95	.001	7.36	.00
SPEECH AND AUDIOLOGY	178	544	22,947.55	42.18	.008	128.92	.33
HOSPICE SERVICES	65	1,478	158,710.22	107.38	.021	2441.70	2.29
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	562	4,912	42,353.74	8.62	.071	75.36	.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	428	92 <b>,</b> 635	43,184.75	.47	1.334	100.90	.62
@CALIF. CHILDREN SERVICES*	243	2,374	\$ 587,695.88	\$ 247.56	.034	\$ 2418.50	\$ 8.46
@XOVER EXCLUDING STATE HOSP**	2,834	37,057	\$ 594,848.01	\$ 16.05	.534	\$ 209.90	\$ 8.56

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,253 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						MOI	NTHLY AVERAG	;E
3,464 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,232	11,437	\$	320,798.18	\$ 28.05	3.302	260.39	\$ 92.61
@PHYSICIANS SERVICES	365	870	\$	35,646.58	\$ 40.97	.251	97.66	\$ 10.29
OUTPATIENT VISITS	265	327		12,341.39	37.74	.094	46.57	3.56
OFFICE VISITS	165	199		6,390.43	32.11	.057	38.73	1.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	103	112		5,246.56	46.84	.032	50.94	1.51
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	2	2		272.66	136.33	.001	136.33	.08

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	13	13		394.35	30.33	.004		30.33		.11
INPATIENT VISITS	15	66		4,342.88	65.80	.019		289.53		1.25
HOSPITAL VISITS	13	56		3,163.19	56.49	.016		243.32		.91
CRITICAL CARE	1	7		1,052.59	150.37	.002		1052.59		.30
SNF/ICF/TRANS IP CARE	2	3		127.10	42.37	.001		63.55		.04
OPHTHALMOLOGICAL SERVICES	11	16		590.42	36.90	.005		53.67		.17
EXAMINATIONS	11	16		590.42	36.90	.005		53.67		.17
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	10	68		6,134.05	90.21	.020		613.41		1.77
PRINCIPAL SURGEON	9	11		5,295.70	481.43	.003		588.41		1.53
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	2	57		838.35	14.71	.016		419.18		.24
OUTPATIENT SURGERY	36	107		6,890.73	64.40	.031		191.41		1.99
PRINCIPAL SURGEON	28	35		5,111.54	146.04	.010		182.56		1.48
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	8	72		1,779.19	24.71	.021		222.40		.51
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	24	28		255.01	9.11	.008		10.63		.07
RADIOLOGY	68	92		2,684.20	29.18	.027		39.47		.77
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		32.31	16.16	.001		16.16		.01
OTHER SERVICES/ALL X-OVERS	45	164		2,375.59	14.49	.047		52.79		.69
@PHARMACY	528	6,648	Ś	86,085.00	\$ 12.95	1.919	Ś	163.04	Ś	24.85
PRESCRIPTION DRUGS	510	1,020	Υ	79,928.96	78.36	.294	Y	156.72	7	23.07
SNF/ICF	3	28		1,720.73	61.45	.008		573.58		.50
OUTPATIENTS	507	992		78,208.23	78.84	.286		154.26		22.58
MEDICAL SUPPLIES	41	5,628		6,156.04	1.09	1.625		150.15		1.78
@DENTIST	164	572	Ś		\$ 27.94	.165	Ċ	97.46	Ċ	4.61
VISITS - DIAGNOSTIC	119	408	۲	7,744.00	18.98	.118	Ą	65.08	۲	2.24
ORAL SURGERY	16	400		2,137.00	43.61	.014		133.56		.62
DRUGS	1	1		.00	.00	.000		.00		.00
ANESTHESIA	2	2		200.00	100.00	.001		100.00		.06
PERIODONTICS	0	0		.00	.00	.000		.00		.00
	3	3								
ENDODONTICS	3 42	94		472.00 4,000.00	157.33 42.55	.001		157.33 95.24		.14 1.15
RESTORATIVE DENTISTRY	0	0		•						
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	U	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0			.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	9	11		1,380.00	125.45	.003		153.33		.40
ALL OTHER SERVICES	3	3		.00	.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		JKES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC :	2002	P	AGE 6,254
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								01/17/03

----- MONTHLY AVERAGE -----3,464 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER @OPTOMETRIST 19 44 \$ 1,478.01 33.59 .013 \$ 77.79 \$ .43 DIAGNOSTIC AND ANC. PROCED 17 17 779.94 45.88 .005 45.88 .23 EYE APPLIANCES 11 26 629.17 24.20 .008 57.20 .18 68.90 68.90 .000 .02 OTHER OPTOMETRIC SERVICES 1 1 68.90 0 .00 \$ .00 .00 .000 \$ .00 \$ @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$ .00 .000 \$ .00 \$ .00

MARIN COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

MEDICINE / INTEGETONS	0	0		0.0		0.0	0.00		0.0		0.0
MEDICINE/INJECTIONS SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0									
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	U	U	<b>A</b>	.00	<b>~</b>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@HOME HEALTH AGENCY	5	/	\$	345.10	\$ \$	49.30	–	\$	69.02	\$	.10
NURSE ANESTHESIST	Ü	U	۶	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	246	1,110	\$	104,606.29	Ş	94.24	.320	\$	425.23	\$	30.20
HOSP INPATIENT TOTAL	15	46		68,841.76		1496.56	.013		4589.45		19.87
HSC HOSPITALS	13	40		59,664.06		1491.60	.012		4589.54		17.22
NON-HSC HOSPITAL TOTAL	2	6		9,177.70		1529.62	.002		4588.85		2.65
ACCOMMODATIONS	2	6		4,255.80		709.30	.002		2127.90		1.23
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		4,255.80		709.30	.002		2127.90		1.23
ANCILLARIES	2	0		4,921.90		.00	.000		2460.95		1.42
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	239	1,064		35,764.53		33.61	.307		149.64		10.32
MEDICAL	108	135		6,717.43		49.76	.039		62.20		1.94
SURGERY	15	16		886.84		55.43	.005		59.12		.26
PATHOLOGY	73	515		5,502.28		10.68	.149		75.37		1.59
RADIOLOGY	75	99		12,806.64		129.36	.029		170.76		3.70
ROOM USE	141	179		7,338.01		40.99	.052		52.04		2.12
CROSSOVERS/ALL OTH OUTPINT	72	120		2,513.33		20.94	.035		34.91		.73
@COUNTY HOSPITAL TOTAL	4	20	\$	512.14	\$	25.61	.006	\$	128.04	\$	.15
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ō	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
<del></del>	-	•									

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20	512.14	25.61	.006	128.04	.15
MEDICAL	3	3	95.30	31.77	.001	31.77	.03
SURGERY	2	2	68.18	34.09	.001	34.09	.02
PATHOLOGY	2	6	153.93	25.66	.002	76.97	.04
RADIOLOGY	1	1	16.59	16.59	.000	16.59	.00
ROOM USE	3	4	134.65	33.66	.001	44.88	.04
CROSSOVERS/ALL OTH OUTPINT	3	4	43.49	10.87	.001	14.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MO	NTH-OF-PAYMENT REPOR	T FOR JAN 20	002 THRU DE	C 2002	PAGE 6,255
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES I	FOR 44 MIC - NO	SOC 03 04 2A 45 4A 4	K 4M 5K 7T 8	32		
				-	MON'	THLY AVERAG	E
3 464 ELIGIBLES	HISERS HINTTS	S OF SERVICE	EXPENDITIBES AV	ERAGE COST I	PYAG/PTIMI	COST PER	COST PER

					MO	NTHLY AVERA	GE	
3,464 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST P	ER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIE	LE
@COMMUNITY HOSPITAL TOTAL	243	1,090	\$ 104,094.15	\$ 95.50	.315	\$ 428.37	\$ 30.	05
COMM HOSP INPATIENT TOTAL	15	46	68,841.76	1496.56	.013	4589.45	19.	87
HSC HOSPITALS	13	40	59,664.06	1491.60	.012	4589.54	17.	22
NON-HSC HOSPITALS TOTAL	2	6	9,177.70	1529.62	.002	4588.85	2.	65
ACCOMMODATIONS	2	6	4,255.80	709.30	.002	2127.90	1.	23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.	23
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.	42
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		00
COMM HOSP OUTPATIENT TOTAL	236	1,044	35,252.39	33.77	.301	149.37	10.	18
MEDICAL	105	132	6,622.13	50.17	.038	63.07	1.	91
SURGERY	13	14	818.66	58.48	.004	62.97		24
PATHOLOGY	71	509	5,348.35	10.51	.147	75.33	1.	54
RADIOLOGY	74	98	12,790.05	130.51	.028	172.84	3.	69
ROOM USE	138	175	7,203.36	41.16	.051	52.20	2.	80
CROSSOVERS/ALL OTH OUTPTNT	70	116	2,469.84	21.29	.033	35.28		71
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$.	00
MENTALLY ILL	0	0	.00	.00	.000	.00		00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$.	00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
LEV B-REGULAR	0	0	.00	.00	.000	.00		00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000		\$.	00
ICF DDH	0	0	.00	.00	.000	.00		00
ICF DD	0	0	.00	.00	.000	.00		00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$.	00
HOSPITAL BASED	0	0	.00	.00	.000	.00		00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		00
@REHABILITATION FACILITY	24	319	\$ 4,503.63	\$ 14.12	.092	\$ 187.65	\$ 1.	30
HOSPITAL BASED	0	0	.00	.00	.000	.00		00

INDEPENDENT FACILITY	24	319	4,503.63		14.12	.092	187.6	5	1.30
@LABORATORY FACILITY	119	321 \$	6,164.80	\$	19.20	.093	\$ 51.8	1 \$	1.78
PATHOLOGY	119	321	6,164.80		19.20	.093	51.8	1	1.78
XO AND OTHERS	0	0	.00		.00	.000	.0	J	.00
@ORGANIZED OUTPATIENT CLINIC	292	850 \$	50,514.08	\$	59.43	.245	\$ 172.9	9 \$	14.58
CLINIC	92	506	10,580.29	1	20.91	.146	115.0	J	3.05
SURGICENTER	0	0	.00		.00	.000	.0	J	.00
HEROIN DETOX CLINIC	1	12	166.09	1	13.84	.003	166.0	9	.05
RURAL HEALTH CLINIC	208	332	39,767.70		119.78	.096	191.1	9	11.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002		PAGE 6,256
MOP024	FEE-FOR-SERVICE/DE	INTAL							01/17/03
MARIN COUNTY	SUMMARY OF SERVICE	S FOR 44 MIC -	NO SOC 03 04 2A 45	4A 4K	4M 5K 7	Г 82			

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,464 ELIGIBLES USERS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,257 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

					MONTHLY AVERAGE							
14 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER		
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE		
@TOTAL, ALL PROVIDERS	32	133	\$	8,248.68	\$	62.02	9.500	257.77	\$	589.19		
@PHYSICIANS SERVICES	11	15	\$	641.75	\$	42.78	1.071	58.34	\$	45.84		

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	7	8		464.25	58.03	.571	66.32		33.16
OFFICE VISITS	2	2		146.01	73.01	.143	73.01		10.43
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	5	6		284.97	47.50	.429	56.99		20.36
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		33.27	.00	.000	.00		2.38
INPATIENT VISITS	0	0		39.27	.00	.000	.00		2.81
HOSPITAL VISITS	0	0		39.27	.00	.000	.00		2.81
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
	0	0							
OPHTHALMOLOGICAL SERVICES	•	•		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	2		97.91	48.96	.143	48.96		6.99
PRINCIPAL SURGEON	2	2		97.91	48.96	.143	48.96		6.99
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	Δ	5		40.32	8.06	.357	10.08		2.88
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
	0	0							
OTHER SERVICES/ALL X-OVERS	0		<b>^</b>	.00	.00	.000	.00	<u> </u>	.00
@ PHARMACY	2	5	\$	43.87	\$ 8.77	.357		Ş	3.13
PRESCRIPTION DRUGS	2	5		43.87	8.77	.357	21.94		3.13
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	2	5		43.87	8.77	.357	21.94		3.13
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	10	37	\$	630.00	\$ 17.03	2.643		\$	45.00
VISITS - DIAGNOSTIC	8	26		.00	.00	1.857	.00		.00
ORAL SURGERY	1	4		530.00	132.50	.286	530.00		37.86
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.071	100.00		7.14
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	2	6		.00	.00	.429	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
	0	0							
ALL OTHER SERVICES		•	IDDG M	.00	.00	.000	.00	Б.	.00
#CALIF DEPT OF HEALTH SERV			IRES M	ONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU D	EC 2002	Ρ.	AGE 6,258
MOP024	FEE-FOR-SERVICE			_					01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC	: - so	С	AID C				
							NTHLY AVERA		
14 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	Ś	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	¢	.00	¢	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7	29	Ś	4,907.86	\$	169.24	2.071	Ś	701.12	Ś	350.56
HOSP INPATIENT TOTAL	2	7	٧	4,081.00	Y	583.00	.500	Y	2040.50	٧	291.50
HSC HOSPITALS	2	7		4,081.00		583.00	.500		2040.50		291.50
NON-HSC HOSPITAL TOTAL	0	0		·		.00	.000		.00		.00
	0	0		.00							
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	•	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	•		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	22		826.86		37.58	1.571		165.37		59.06
MEDICAL	2	3		52.38		17.46	.214		26.19		3.74
SURGERY	2	2		105.51		52.76	.143		52.76		7.54
PATHOLOGY	2	3		167.25		55.75	.214		83.63		11.95
RADIOLOGY	3	3		48.81		16.27	.214		16.27		3.49
ROOM USE	3	8		401.52		50.19	.571		133.84		28.68
CROSSOVERS/ALL OTH OUTPINT	1	3		51.39		17.13	.214		51.39		3.67
@COUNTY HOSPITAL TOTAL	0	0	\$	26.19	\$	.00	.000	\$	.00	\$	1.87
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ő	0		26.19		.00	.000		.00		1.87
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		24.14			.000				1.72
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0		24.14		.00	.000		.00		.15
		· · · · · · · · · · · · · · · · · · ·	EC M					חבר		D.7	
MOP024		CES AND EXPENDITUR	لاا دند.	ONID-OU-PAIMENT K	.ii.r.OK.	L LOW DWN 7	LUUZ INKU	חפר	2002	P.F	GE 6,259 01/17/03
	FEE-FOR-SERVICE		_ 00	AC.		710 00	)DE				01/1//03
MARIN COUNTY	SUMMAKI OF SERV	ICES FOR 45 MIC	- 50			AID CO		$\cap$ NTTT	ערטטעע אוח	CE	
14 FITCIDIES	HOEDO	INTER OF CERTICE	ı	EXPENDITURES	71 7 7 7	DACE COCE	M				
14 ELIGIBLES	USERS	UNITS OF SERVICE	ı	EXPENDITURES	AVE	KAGE COST	ONTIS/DAY	S	COST PER	(	COST PER

		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	29	\$ 4,881.67	\$	168.33	2.071	\$ 697.38	\$	348.69
COMM HOSP INPATIENT TOTAL	2	7	4,081.00		583.00	.500	2040.50		291.50
HSC HOSPITALS	2	7	4,081.00		583.00	.500	2040.50		291.50
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5	22	800.67		36.39	1.571	160.13		57.19
MEDICAL	2	3	52.38		17.46	.214	26.19		3.74
SURGERY	2	2	105.51		52.76	.143	52.76		7.54
PATHOLOGY	2	3	167.25		55.75	.214	83.63		11.95
RADIOLOGY	3	3	48.81		16.27	.214	16.27		3.49
ROOM USE	3	8	377.38		47.17	.571	125.79		26.96
CROSSOVERS/ALL OTH OUTPINT	1	3	49.34		16.45	.214	49.34		3.52
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$ .00	\$	.00		\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00		\$ .00	\$	.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0	. (	0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	\$	0 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	. (	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	. (	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	\$ .(	0 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	. (	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	. (	0	.00	.000		.00		.00
@LABORATORY FACILITY	2	7 \$	\$ 63.5	2 \$	9.07	.500	\$	31.76	\$	4.54
PATHOLOGY	2	7	63.5	2	9.07	.500		31.76		4.54
XO AND OTHERS	0	0	. (	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	14	1,661.9	8 \$	118.71	1.000	\$	277.00	\$	118.71
CLINIC	0	0	. (	0	.00	.000		.00		.00
SURGICENTER	0	0	. (	0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	. (	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	6	14	1,661.9	8	118.71	1.000		277.00		118.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	S MONTH-OF-PAYMENT	' REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 6,260
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC		AID C	ODE				

14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2 26 299.70 11.53 1.857 \$ 149.85 \$ 21.41 DURABLE MED. EQUIP. 1 96.30 96.30 .071 96.30 6.88 BLOOD BANK 0 0 .00 .00 .000 .00 .00 0 .000 HEARING AID DISPENSERS 0 .00 .00 .00 .00 25 203.40 8.14 1.786 203.40 MEDICAL TRANSPORTATION 14.53 203.40 8.14 1.786 203.40 14.53 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* 10 567.67 \$ 56.77 .714 \$ 567.67 \$ 40.55 0 .00 .00 @XOVER EXCLUDING STATE HOSP\*\* \$ .000 \$ .00 \$ .00

----- MONTHLY AVERAGE -----

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

						MC	NTHLY AVERA	GE ·	
3,478 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,264	11,570	\$	329,046.86	\$ 28.44	3.327		\$	94.61
@PHYSICIANS SERVICES	376	885	\$	36,288.33	\$ 41.00	.254	\$ 96.51	\$	10.43
OUTPATIENT VISITS	272	335		12,805.64	38.23	.096	47.08		3.68
OFFICE VISITS	167	201		6,536.44	32.52	.058	39.14		1.88
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	108	118		5,531.53	46.88	.034	51.22		1.59
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39		.01
OB VISITS/COMPRE PERI	2	2		272.66	136.33	.001	136.33		.08
OTHER OUTPATIENT	13	13		427.62	32.89	.004	32.89		.12
INPATIENT VISITS	15	66		4,382.15	66.40	.019	292.14		1.26
HOSPITAL VISITS	13	56		3,202.46	57.19	.016	246.34		.92
CRITICAL CARE	1	7		1,052.59	150.37	.002	1052.59		.30
SNF/ICF/TRANS IP CARE	2	3		127.10	42.37	.001	63.55		.04
OPHTHALMOLOGICAL SERVICES	11	16		590.42	36.90	.005	53.67		.17
EXAMINATIONS	11	16		590.42	36.90	.005	53.67		.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	10	68		6,134.05	90.21	.020	613.41		1.76
PRINCIPAL SURGEON	9	11		5,295.70	481.43	.003	588.41		1.52
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	57		838.35	14.71	.016	419.18		.24
OUTPATIENT SURGERY	38	109		6,988.64	64.12	.031	183.91		2.01
PRINCIPAL SURGEON	30	37		5,209.45	140.80	.011	173.65		1.50
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	8	72		1,779.19	24.71	.021	222.40		.51
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	24	28		255.01	9.11	.008	10.63		.07
RADIOLOGY	72	97		2,724.52	28.09	.028	37.84		.78
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	2		32.31	16.16	.001	16.16		.01
OTHER SERVICES/ALL X-OVERS	45	164		2,375.59	14.49	.047	52.79		.68
@PHARMACY	530	6,653	\$	86,128.87	\$ 12.95	1.913		Ş	24.76
PRESCRIPTION DRUGS	512	1,025		79,972.83	78.02	.295	156.20		22.99
SNF/ICF	3	28		1,720.73	61.45	.008	573.58		.49
OUTPATIENTS	509	997		78,252.10	78.49	.287	153.74		22.50
MEDICAL SUPPLIES	41	5,628	_	6,156.04	1.09	1.618	150.15		1.77
@DENTIST	174	609	\$	16,613.00	\$ 27.28	.175		Ş	4.78
VISITS - DIAGNOSTIC	127	434		7,744.00	17.84	.125	60.98		2.23
ORAL SURGERY	17 1	53		2,667.00	50.32	.015	156.88		.77
DRUGS		1 3		.00	.00	.000	.00		.00
ANESTHESIA	3	0		300.00	100.00	.001	100.00		.09
PERIODONTICS	-	•		.00	.00	.000	.00		.00
ENDODONTICS	3 44	3 100		472.00	157.33	.001 .029	157.33		.14
RESTORATIVE DENTISTRY		100		4,000.00	40.00		90.91		1.15
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	U 1	U 1		.00	.00	.000	.00		.00 .01
MAXILLOFACIAL SERVICES	1	0		50.00	50.00	.000	50.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	9	11		1,380.00	.00	.000	.00 153.33		.40
ALL OTHER SERVICES	3	3		1,380.00	125.45	.003	.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURE	TC N					D.	.00 AGE 6,262
MOP024	FEE-FOR-SERVIC		LV I	TOWARD OF EVALUABLE VI	JIONI FON UAN 2	.002 IIINO L	,	E' I	01/17/03
1101 02 1	THE TON DERVIC	-, >11111111							01/1//00

MARIN COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDI	CALLY	Y INDIGENT CHILDRE	ΞN		246	`		<b>с</b> п	
2 470 BLIGHBIRG	HORDO	INTEG OF CERTIFICE	,		7. 7. 7		MC			GE	
3,478 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		o i			COST PER
0.0000000000000000000000000000000000000	1.0	OR DAYS OF CARE		1 470 01		R UNIT/DAY		<u> </u>	USER	<u>^</u>	ELIGIBLE
@OPTOMETRIST	19	44	\$	1,478.01	\$	33.59	.013	Ş	77.79	۶	.42
DIAGNOSTIC AND ANC. PROCED	17	17		779.94		45.88	.005		45.88		.22
EYE APPLIANCES	11	26		629.17		24.20	.007		57.20		.18
OTHER OPTOMETRIC SERVICES	1	1		68.90		68.90	.000		68.90		.02
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	7	\$	345.10	\$	49.30	.002	\$	69.02	\$	.10
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	253	1,139	\$		\$		.327	\$	432.86	\$	31.49
HOSP INPATIENT TOTAL	17	53		72,922.76		1375.90	.015		4289.57		20.97
HSC HOSPITALS	15	47		63,745.06		1356.28	.014		4249.67		18.33
NON-HSC HOSPITAL TOTAL	2	6		9,177.70		1529.62	.002		4588.85		2.64
ACCOMMODATIONS	2	6		4,255.80		709.30	.002		2127.90		1.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		4,255.80		709.30	.002		2127.90		1.22
ANCILLARIES	2	0		4,921.90		.00	.000		2460.95		1.42
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	244	1,086		36,591.39		33.69	.312		149.96		10.52
MEDICAL	110	138		6,769.81		49.06	.040		61.54		1.95
SURGERY	17	18		992.35		55.13	.005		58.37		.29
PATHOLOGY	75	518		5,669.53		10.95	.149		75.59		1.63
RADIOLOGY	78	102		12,855.45		126.03	.029		164.81		3.70
ROOM USE	144	187		7,739.53		41.39	.054		53.75		2.23
CROSSOVERS/ALL OTH OUTPTNT		123		2,564.72		20.85	.035		35.13		.74
@COUNTY HOSPITAL TOTAL	4	20	\$	538.33	\$	26.92	.006	Ś	134.58	Ś	.15
CO HOSPITAL INPATIENT TOTAL		0	Υ	.00	Υ	.00	.000	Υ	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	20		538.33			.006				
	3	3		95.30		26.92 31.77	.006		134.58 31.77		.15
MEDICAL	2										.03
SURGERY		2		68.18		34.09	.001		34.09		.02
PATHOLOGY	2 1	6		153.93		25.66	.002		76.97		.04
RADIOLOGY		1		16.59		16.59	.000		16.59		.00
ROOM USE	3	4		158.79		39.70	.001		52.93		.05

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY

MARIN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN
------ MONTHLY AVERAGE ------3.478 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,264 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

						MOI	NTHLY AVERA	GE
3,478 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	107	722	\$	15,771.39	\$ 21.84	.208	\$ 147.40	\$ 4.53
DURABLE MED. EQUIP.	6	11		1,341.79	121.98	.003	223.63	.39
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	131		1,668.38	12.74	.038	166.84	.48
AMBULANCES/AIR TRANS	10	131		1,668.38	12.74	.038	166.84	.48
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5		475.00	95.00	.001	95.00	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	22	54		520.51	9.64	.016	23.66	.15
PHYSICAL THERAPIST	2	3		62.89	20.96	.001	31.45	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	17		2,696.97	158.65	.005	449.50	.78
PROSTHETICS	6	17		2,696.97	158.65	.005	449.50	.78
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	28		5,734.51	204.80	.008	819.22	1.65
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	48	469		3,219.42	6.86	.135	67.07	.93
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4		51.92	12.98	.001	51.92	.01
@CALIF. CHILDREN SERVICES*	82	963	\$	87 <b>,</b> 852.73	\$ 91.23	.277	\$ 1071.37	\$ 25.26

@XOVER EXCLUDING STATE HOSP\*\* .00 \$ .00 .000 \$ .00 \$ .00

PAGE 6,265

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

MARIN COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA - NO	SOC - AID PAID PE	INDING AID CC			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	HLY AVERAGI COST PER	E COST PER
00 FTIGIPTE2	OSERS	OR DAYS OF CARE	EVERNDI 10KF2	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		3 .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$		\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ö	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	Ō	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE	6,266

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

ALL OTHER INPATIENT

MARIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$ .00 .000 \$ .00 \$ .00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .00 .00 \$ .00 .000 \$ .00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 Ś .00 .000 \$ .00 Ś .00 NURSE ANESTHESIST .00 \$ .00 .000 Ś .00 Ś .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$ .00 .000 .00 Ś .00 .000 @TOTAL HOSPITAL .00 . 00 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00

.00

.00

.000

.00

.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 6,267
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR 47 MIA - N	NO SOC - AID PAID E	PENDING AID (	CODE		
							~ =

MOP024	FEE-FOR-SERVIC									01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR 47 MI	A - NO	SOC - AID PAID P	ENDING AI	D CODE				
							Mo	ONT:	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE C	OST UN	ITS/DAY:	S	COST PER	COST PER
		OR DAYS OF CA	RE		PER UNIT/	DAY P	ER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	. (	0	.000		.00	.00
HSC HOSPITALS	0	0		.00	.0	0	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.0	0	.000		.00	.00
ACCOMMODATIONS	0	0		.00	.0	0	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00	. 0	0	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00	. (	0	.000		.00	.00
ALL OTHER ACCOM	0	0		.00	. (		.000		.00	.00
ANCILLARIES	0	0		.00	.0		.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00	.0		.000		.00	.00
ALL OTHER INPATIENT	0	0		.00	. (		.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	. (		.000		.00	.00
MEDICAL	0	0		.00	. (		.000		.00	.00
SURGERY	0	0		.00	. (		.000		.00	.00
PATHOLOGY	0	0		.00	. (		.000		.00	.00
RADIOLOGY	0	0		.00	. (		.000		.00	.00
	0	0								
ROOM USE	U	•		.00	. (		.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	U	0	<u> </u>	.00	. (		.000	â	.00	.00
@STATE HOSPITAL	U	0	\$	.00	\$ .0			\$		\$ .00
MENTALLY ILL	U	0		.00	. 0		.000		.00	.00
DEVELOP. DISABLED	0	0		.00	. (		.000		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .0		.000	\$		\$ .00
LEV A-INTERMEDIATE	0	0		.00	. 0		.000		.00	.00
LEV B-REHAB MD	0	0		.00	. 0		.000		.00	.00
LEV B-SUBACUTE FREESTANDING		0		.00	. 0		.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	. 0		.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.0		.000		.00	.00
LEV B-REGULAR	0	0		.00	. (		.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .0		.000	\$		\$ .00
ICF DDH	0	0		.00	. (	0	.000		.00	.00
ICF DD	0	0		.00	. (	0	.000		.00	.00
ICF DDN/DDCN	0	0		.00	.0	0	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00	.0	0	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00	.0	0	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00	.0	0	.000		.00	.00
INDEPENDENT FACILITY	0	0		.00	.0	0	.000		.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$ .00
PATHOLOGY	0	0		.00	. 0	0	.000		.00	.00
XO AND OTHERS	0	0		.00	. (		.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .0		.000	\$		\$ .00
CLINIC	0	0		.00	. (		.000		.00	.00
-	•	ŭ		. 3 0	• •					

SURGICENTER 0 0 .00 .00 .00 .00 .00 .000 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 .00 .00 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,268 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,269
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MON	NTHLY AVERAG	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14	52	\$	1,527.96	\$ 29.38	6.500	109.14	\$ 191.00
@PHYSICIANS SERVICES	7	28	\$	772.93	\$ 27.60	3.500	110.42	\$ 96.62
OUTPATIENT VISITS	2	2		112.95	56.48	.250	56.48	14.12
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		112.95	56.48	.250	56.48	14.12
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	21	466.08	22.19	2.625	466.08	58.26
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	21	466.08	22.19	2.625	466.08	58.26
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	4	173.06	43.27	.500	43.27	21.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	20.84	20.84	.125	20.84	2.61
@PHARMACY	1	1	\$ 107.00	\$ 107.00	.125	\$ 107.00	\$ 13.38
PRESCRIPTION DRUGS	1	1	107.00	107.00	.125	107.00	13.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	107.00	107.00	.125	107.00	13.38
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4	\$ 55.00	\$ 13.75	.500	\$ 27.50	\$ 6.88
VISITS - DIAGNOSTIC	2	4	55.00	13.75	.500	27.50	6.88
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	. 0	
ENDODONTICS	0	0	.00	.00	.000	.00	. 0	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.0	
PROSTHETICS	0	0	.00	.00	.000	.00	.0	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.0	0
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.0	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.0	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.0	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.0	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.0	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,	270
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17	//03
MARIN COUNTY	SUMMARY OF SERV	TICES FOR 48 MIA - NO	SOC - PREGNANT	AID CC	DDE			
					MON	THLY AVERA	GE	-
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	lR
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.0	0
EYE APPLIANCES	0	0	.00	.00	.000	.00	.0	0
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.0	0
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0
VISITS	0	0	.00	.00	.000	.00	.0	0
OTHER SERVICES	0	0	.00	.00	.000	.00	.0	0
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	. 0	0
SURGERY/ANES.	0	0	.00	.00	.000	.00	.0	0
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.0	0
OTHER	0	0	.00	.00	.000	.00	.0	0
@HOME HEALTH AGENCY	1	1 \$	30.13	\$ 30.13	.125 \$	30.13	\$ 3.7	7
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		\$ .0	0
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0
@TOTAL HOSPITAL	3	10 \$	380.65	\$ 38.07	1.250 \$	126.88	\$ 47.5	8
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	0
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	
ANCILLARIES	0	0	.00	.00	.000	.00	.0	
INPATIENT CROSSOVERS	Ô	0	.00	.00	.000	.00	.0	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	
HOSP OUTPATIENT TOTAL	ٽ ع	10	380.65	38.07	1.250	126.88	47.5	
MEDICAL	1	1	45.02	45.02	.125	45.02	5.6	
SURGERY	0	0	6.84	.00	.000	.00	.8	
551.611.1	0	0	0.01	.00	.000	.00	. 0	

3

2

1

0

0

0

0

49.70

121.58

109.73

47.78

.00

.00

.00

.00

.00

16.57

60.79

109.73

15.93

.00

.00

.00

.00

.00

.375

.250

.125

.375

.000

.000

.000

.000

.000 \$

24.85

121.58

109.73

47.78

.00

.00

.00

.00

.00

6.21

15.20

13.72

5.97

.00

.00

.00

.00

.00

PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ROOM USE

2

0

0

0

0

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 6,271
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	s for 48 MIA - N	IO SOC - PREGNANT	AID C	ODE		

----- MONTHLY AVERAGE -----08 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 10 380.65 38.07 1.250 \$ 126.88 \$ 47.58 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 10 380.65 38.07 1.250 126.88 COMM HOSP OUTPATIENT TOTAL 47.58 45.02 45.02 MEDICAL 1 45.02 .125 5.63 SURGERY 6.84 .00 .000 .00 .86 49.70 .375 PATHOLOGY 16.57 24.85 6.21 121.58 RADIOLOGY 60.79 .250 121.58 15.20 1 109.73 109.73 .125 109.73 13.72 ROOM USE 47.78 15.93 .375 47.78 5.97 CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL .00 \$ .00 .000 \$ .00 \$ .00 MENTALLY ILL .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 0 @NURSING FACILITY .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .000 .00 0 LEV B-REGULAR .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 \$ .00 .000 \$ .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD 0 .00 .00 .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .00 .000 .00 0 .00 .00 .00 @HEMODIALYSIS TOTAL .000 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 .00 @REHABILITATION FACILITY .00 \$ .00 .000 \$ .00 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	3	6 \$	42.71	\$	7.12	.750	\$ 14.24	\$	5.34
PATHOLOGY	3	6	42.71		7.12	.750	14.24		5.34
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	34.54	\$ 3	34.54	.125	\$ 34.54	\$	4.32
CLINIC	1	1	24.26	2	24.26	.125	24.26		3.03
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	10.28		.00	.000	.00		1.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FO	OR JAN 20	02 THRU D	EC 2002	PAGE	6 <b>,</b> 272
MOP024	FEE-FOR-SERVICE/DEN	TAL						0	1/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - 1	NO SOC - PREGNANT		AID COD	E			
					_	MO	NTHLY AVERAG	SE	
08 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAC	GE COST U	NITS/DAYS	COST PER	COS	T PER
	OR	DAYS OF CARE		PER UN	VIT/DAY	PER ELIG	USER	ELI	GIBLE

08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 111011110	ODEILO	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.125 \$		\$ 13.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.125	105.00	13.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,273 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							MOI	ITHLY AVERA	GE.	
08 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	<u>c</u>		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	14	52	\$	1,527.96	\$	29.38	6.500	109.14	\$	191.00
@PHYSICIANS SERVICES	7	28	\$	772.93	\$	27.60	3.500	110.42	\$	96.62

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

							0 = 0				
OUTPATIENT VISITS	2	2		112.95		56.48	.250		56.48		14.12
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		112.95		56.48	.250		56.48		14.12
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	21		466.08		22.19	2.625		466.08		58.26
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	21		466.08		22.19	2.625		466.08		58.26
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				.00
PATHOLOGY	0	0				.00			.00		
RADIOLOGY	4	0		173.06		43.27	.500		43.27		21.63
PSYCHIATRY	0	-		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	U	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		20.84		20.84	.125		20.84		2.61
@PHARMACY	1	1	\$	107.00	\$	107.00	.125	\$	107.00	Ş	13.38
PRESCRIPTION DRUGS	1	1		107.00		107.00	.125		107.00		13.38
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		107.00		107.00	.125		107.00		13.38
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	4	\$	55.00	\$	13.75	.500	\$	27.50	\$	6.88
VISITS - DIAGNOSTIC	2	4		55.00		13.75	.500		27.50		6.88
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	Ü	ES MONTH-OF-I		EPORT			DEC		PAG	E 6,274
MOP024	FEE-FOR-SERVICE/DENTAL	2110 0111				2011 01111 201	02 111110	200	2002		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	49 AT.T. N	MIA - NO SOC								01/1//00
111111111111111111111111111111111111111		١ للسد، د.	1,0 500							C.T.	

----- MONTHLY AVERAGE -----08 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ .00 .000 \$ .00 \$ .00 @OPTOMETRIST 0 0 \$ 0 .00 .00 .000 DIAGNOSTIC AND ANC. PROCED .00 .00

EYE APPLIANCES 0 0 .00 .00 .00 .00	.00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00	.00
@CHIROPRACTOR 0 0 \$ .00 \$ .00 \$ .00	\$ .00
VISITS 0 0 .00 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
@PODIATRIST 0 0 \$ .00 \$ .00 \$ .00	\$ .00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	.00
OTHER 0 0 .00 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY       1       1       \$ 30.13       \$ 30.13       .125       \$ 30.13	\$ 3.77
NURSE ANESTHESIST 0 0 \$ .00 \$ .00 \$ .00	\$ .00
NURSE MIDWIFE 0 0 \$ .00 \$ .00 \$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00	\$ .00
FAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00	\$ .00
@TOTAL HOSPITAL 3 10 \$ 380.65 \$ 38.07 1.250 \$ 126.88	\$ 47.58
HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	.00
NON-HSC HOSPITAL TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	.00
ANCILLARIES 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 3 10 380.65 38.07 1.250 126.88	47.58
MEDICAL 1 1 45.02 45.02 .125 45.02	5.63
SURGERY 0 0 6.84 .00 .000 .00	.86
PATHOLOGY 2 3 49.70 16.57 .375 24.85	6.21
RADIOLOGY 1 2 121.58 60.79 .250 121.58	15.20
ROOM USE 1 1 109.73 109.73 .125 109.73	13.72

CROSSOVERS/ALL OTH OUTPTNT	1	3	47.78	3 1	.5.93	.375	47.78	5	5.97
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	) \$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	)	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	)	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	)	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	)	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	)	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	)	.00	.000	.00		.00
ANCILLARIES	0	0	.00	)	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	)	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	)	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	)	.00	.000	.00		.00
MEDICAL	0	0	.00	)	.00	.000	.00		.00
SURGERY	0	0	.00	)	.00	.000	.00		.00
PATHOLOGY	0	0	.00	)	.00	.000	.00		.00
RADIOLOGY	0	0	.00	)	.00	.000	.00		.00
ROOM USE	0	0	.00	)	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT	REPORT FO	R JAN 20	002 THRU DE	C 2002	PAGE	6 <b>,</b> 275
MOP024	FEE-FOR-SERVICE/DENTAL							01/	/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	49 ALL MI	A - NO SOC						

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER COST PER 08 ELIGIBLES UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 10 380.65 \$ 38.07 1.250 \$ 126.88 \$ 47.58 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 ALL OTHER INPATIENT 10 380.65 38.07 1.250 126.88 COMM HOSP OUTPATIENT TOTAL 45.02 45.02 MEDICAL 45.02 .125 5.63 SURGERY 0 6.84 .00 .000 .00 .86 PATHOLOGY 3 49.70 16.57 .375 24.85 6.21 RADIOLOGY 121.58 60.79 .250 121.58 15.20 ROOM USE 1 109.73 109.73 .125 109.73 13.72 CROSSOVERS/ALL OTH OUTPINT 3 47.78 15.93 .375 47.78 5.97 @STATE HOSPITAL .00 . 00 .000 \$ .00 \$ . 00 .00 .00 .000 .00 .00 MENTALLY ILL 0 .00 DEVELOP. DISABLED .00 .000 .00 .00 .000 \$ 0 @NURSING FACILITY .00 .00 .00 \$ .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 .00 0 .00 .00 LEV B-TRANSITIONAL IP CARE .000 .00 0 .00 .00 .000 .00 .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD 0 .00 .00 .000 \$ .00 \$ .00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	42.71	\$	7.12	.750	\$	14.24	\$	5.34
PATHOLOGY	3	6		42.71		7.12	.750		14.24		5.34
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	34.54	\$	34.54	.125	\$	34.54	\$	4.32
CLINIC	1	1		24.26		24.26	.125		24.26		3.03
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		10.28		.00	.000		.00		1.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES MONTH-O	F-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 6,276
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO S	OC							

MAKIN COONTI	SOMMAN OF SER	VICES FOR 45 ALL MIA	110 500				
					MON	THLY AVERA	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.125 \$	105.00	\$ 13.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.125	105.00	13.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
00	~						

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

## STATISHES	MARIN COUNTY	SUMMARY OF SERV	/ICES FOR 50 MIA - SOC	- LTC	AID C			
COTAL, All PROVIDERS   78								GE
### CHAPTER SERVICES   78	43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		
Output   Visit   Vis			OR DAYS OF CARE					
Output   Visit   Vis	@TOTAL, ALL PROVIDERS	78	1 <b>,</b> 570 \$	173,418.41	\$ 110.46	36.512 \$	2223.31	\$ 4032.99
Output   Visit   Vis	@PHYSICIANS SERVICES	33	126 \$	8,222.59	\$ 65.26	2.930 \$	249.17	\$ 191.22
MOME VISITS	OUTPATIENT VISITS	18	23	1,685.20	73.27	.535	93.62	39.19
PREVENTIVE CARE   13	OFFICE VISITS	6	7	364.10	52.01	.163	60.68	8.47
DEMERCENCY ROOM	HOME VISITS	0	0	.00	.00		.00	.00
PREVENTIVE CARE		13	16					
OF VISTRI/COMPAR PRII 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
OTHER OUTPATIENT INPATIENT VISITS 15 39 1,676,96 43.00 907 111.80 39,00 HORSPITAL VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•						
INPATIENT VISITS		· · · · · · · · · · · · · · · · · · ·						
HOSETTAL VISITES		•						
CRITICAL CARE				•				
SNEYICE/TRANS IP CARE		•	~					
DEPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•	-					
EXAMINATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .		•	-					
IMPATIENT HOSPITAL SURGERY		0						
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U						
ASSISTANT SURGEON 0 0 0 0.00 0.00 0.00 0.00 0.00 ANSTHESIOLOGIST 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0		-						
ANSSTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
OUTPATIENT SURGERY		0						
PRINCIPAL SURGEON 1 5 817.64 163.53 116 817.64 19.01 ASSISMANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
ASSISTANT SURCEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	5					
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	1	5	817.64	163.53	.116	817.64	
DIALYSIS	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
PATHOLOGY 13 46 3.218.06 69.96 1.070 247.54 74.84 PADIOLOGY 13 46 3.218.06 69.96 1.070 247.54 74.84 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
RADIOLOGY	DIALYSIS	0		.00	.00	.000	.00	.00
PSYCHIATRY	PATHOLOGY	1	4	23.29	5.82	.093	23.29	.54
IMMUNIZATION AND INJECTION   O   O   O   O   O   O   O   O   O	RADIOLOGY	13	46	3,218.06	69.96	1.070	247.54	74.84
OTHER SERVICES/ALL X-OVERS 8 9 801.44 89.05 .209 100.18 18.64 6 PHARMACY 41 278 \$ 21,614.66 \$ 77.75 6.465 \$ 527.19 \$ 502.67 PRESCRIPTION DRUGS 41 270 21,530.78 79.74 6.279 \$ 525.14 500.72 \$ SNF/ICF 36 244 19,960.52 81.81 5.674 554.46 464.20 OUTPATIENTS 7 26 1,570.26 60.39 .605 224.32 36.52 MEDICAL SUPPLIES 5 8 8 83.88 10.49 .186 16.78 19.5 \$ SDENTIST 1 1 \$ 25.00 \$ 25.00 .023 \$ 25.00 \$ .58 VISITS - DIAGNOSTIC 1 1 1 25.00 \$ 25.00 .023 \$ 25.00 \$ .58 VISITS - DIAGNOSTIC 1 1 1 25.00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .0	PSYCHIATRY	0	0	.00	.00	.000	.00	.00
@PHARMACY         41         278         \$         21,614.66         \$         77.75         6.465         \$         527.19         \$         502.67           PRESCRIPTION DRUGS         41         270         21,530.78         79.74         6.279         525.14         500.72           SNP/ICF         36         244         19,960.52         81.81         5674         554.46         464.20           OUTPATIENTS         7         26         1,570.26         60.39         .605         224.32         36.52           MEDICAL SUPPLIES         5         8         83.88         10.49         .186         16.78         1.95           GEDENTIST         1         1         \$         25.00         \$         25.00         .23         \$         25.00         \$           VISITS - DIAGNOSTIC         1         1         \$         25.00         25.00         .023         \$         25.00         \$         58           ORAL SURGERY         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
@PHARMACY         41         278         \$ 21,614.66         \$ 77.75         6.465         \$ 527.19         \$ 502.67           PRESCRIPTION DRUGS         41         270         21,530.78         79.74         6.279         525.14         500.72           SNF/ICF         36         244         19,960.52         81.81         5.674         554.46         464.20           OUTPATIENTS         7         26         1,570.26         60.39         .605         224.32         36.52           MEDICAL SUPPLIES         5         8         83.88         10.49         .186         16.78         1.95           ©DENTIST         1         1         \$ 25.00         \$ 25.00         .023         \$ 25.00         .58           VISITS - DIAGNOSTIC         1         1         \$ 25.00         .00         .00         .00         .00         .58           ORAL SURGERY         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .	OTHER SERVICES/ALL X-OVERS	8	9	801.44	89.05	.209	100.18	18.64
PRESCRIPTION DRUGS 41 270 21,530.78 79.74 6.279 525.14 500.72 SNF/ICF 36 244 19,960.52 81.81 5.674 554.46 464.20 OUTPATIENTS 7 26 1,570.26 60.39 .605 224.32 36.52 MEDICAL SUPPLIES 5 8 83.88 10.49 .186 16.78 1.95 @DENTIST 1 1 \$ 25.00 \$ 25.00 .023 \$ 25.00 \$ .58 VISITS - DIAGNOSTIC 1 1 1 25.00 \$ 25.00 .023 \$ 25.00 \$ .58 ORAL SURGERY 0 0 0 0 .00 .00 .000 .000 .00 .00 .00	@PHARMACY	41	278 \$	21,614.66			527.19	\$ 502.67
SNF/ICF	PRESCRIPTION DRUGS	41	270					
OUTPATIENTS         7         26         1,570.26         60.39         .605         224.32         36.52           MEDICAL SUPPLIES         5         8         83.88         10.49         .186         16.78         1.95           @DENTIST         1         1         \$         25.00         \$         25.00         \$         25.00         \$         .58           VISITS - DIAGNOSTIC         1         1         25.00         .25.00         .023         \$         25.00         .58           ORAL SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	SNF/ICF	36	244		81.81			464.20
MEDICAL SUPPLIES         5         8         83.88         10.49         .186         16.78         1.95           @DENTIST         1         1         \$         25.00         \$         25.00         \$         25.00         \$         5.8           VISITS - DIAGNOSTIC         1         1         \$         25.00         \$         25.00         .023         \$         25.00         \$         .58           VISITS - DIAGNOSTIC         1         1         \$         25.00         \$         25.00         .023         \$         25.00         .58           VISITS - DIAGNOSTIC         1         1         \$         25.00         \$         25.00         .023         \$         25.00         .58           ORAL SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .			2.6					
QDENTIST         1         1         \$         25.00         \$         25.00         \$         25.00         \$         25.00         \$         5.8           VISITS - DIAGNOSTIC         1         1         1         25.00         25.00         .023         25.00         .58           ORAL SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00		5						
VISITS - DIAGNOSTIC 1 1 1 25.00 25.00 .023 25.00 .58 ORAL SURGERY 0 0 0 0 .00 .00 .000 .000 .00 DRUGS 0 0 0 0 .00 .00 .000 .000 .000 ANESTHESIA 0 0 0 0 .00 .00 .000 .000 .000 PERIODONTICS 0 0 0 0 .00 .00 .000 .000 .000 ENDODONTICS 0 0 0 0 .00 .00 .000 .000 .000 RESTORATIVE DENTISTRY 0 0 0 0 .00 .000 .000 .000 .000 PROSTHETICS 0 0 0 0 .00 .00 .000 .000 .000 DENTURES, STAYPLATES 0 0 0 0 .00 .000 .000 .000 .000 SPACE MAINTAINERS 0 0 0 0 .00 .000 .000 .000 .000 SPACE MAINTAINERS 0 0 0 0 .00 .000 .000 .000 .000 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .000 .000 .000 .000 FRACTURES, DISLOCATIONS 0 0 0 .00 .000 .000 .000 .000 ORTHODONTIC SERVICES 0 0 0 0 .00 .000 .000 .000 .000 ALL OTHER SERVICES 0 0 0 0 .00 .000 .000 .000 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,278		1						
ORAL SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1			·		
DRUGS 0 0 0 0 00 00 000 000 000 000 000 000		0	0					
ANESTHESIA 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		0	0					
PERIODONTICS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .0		0	0					
ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00								
RESTORATIVE DENTISTRY       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00 <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		•						
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•						
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•	ů					
SPACE MAINTAINERS       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00		0	0					
MAXILLOFACIAL SERVICES       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00 </td <td></td> <td>U</td> <td>U</td> <td></td> <td></td> <td></td> <td></td> <td></td>		U	U					
FRACTURES, DISLOCATIONS       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00<		0	U					
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		U	U					
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	•	Ü	0					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,278		0	0					
		0	•					
	#CALIF DEPT OF HEALTH SERV			NTH-OF-PAYMENT RI	EPORT FOR JAN 2	ZUUZ THRU DEC	: 2002	PAGE 6,278

MARIN COUNTY	SUMMARY OF SERVI	CES FOR	SU MIA -	- SOC -	LTC		AID CC					
40								MC			GE	
43 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		RAGE COST		3 C			COST PER
0.0000000000000000000000000000000000000	2	OR DAYS			0.0		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	_	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0	<b>^</b>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	0		0	\$	.00	\$	.00		\$	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		-		.00		.00	.000		.00		.00
OTHER	_		0	<b>^</b>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	2		5 0	\$	311.51	\$	62.30		\$	155.76		7.24
NURSE ANESTHESIST	•			\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	19		103	\$	3,397.96	\$	32.99	2.395	\$	178.84	\$	79.02
HOSP INPATIENT TOTAL	0		0		31.29CR		.00	.000		.00		.73CR
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		31.29CR		.00	.000		.00		.73CR
ACCOMMODATIONS	•		0		31.29CR		.00	.000		.00		.73CR
ADMINISTRATIVE DAYS	0		0		31.29CR		.00	.000		.00		.73CR
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	19						.00	.000				.00 79.75
HOSP OUTPATIENT TOTAL	19		103 7		3,429.25		33.29	2.395		180.49 26.79		
MEDICAL SURGERY	0		0		214.30		30.61	.163 .000		.00		4.98
	10		46		552.84		12.02	1.070		55.28		12.86
PATHOLOGY	5		40		2,431.77		60.79	.930		486.35		56.55
RADIOLOGY	3		2		116.61		58.31			38.87		2.71
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3		8		113.73		14.22	.047 .186		28.43		2.71
@COUNTY HOSPITAL TOTAL	5		21	\$	327.13	\$	15.58	.488	\$	65.43	ċ	7.61
CO HOSPITAL INPATIENT TOTAL	5		0	۲	.00	۲	.00	.000	ې	.00	٧	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5		21		327.13		15.58	.488		65.43		7.61
MEDICAL	2		3		61.26		20.42	.070		30.63		1.42
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		14		179.34		12.81	.326		89.67		4.17
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		33.42		33.42	.023		33.42		.78
NOOM OSE	Τ.		т.		33.42		JJ.42	.023		JJ.42		. / 0

CROSSOVERS/ALL OTH OUTPTNT 1 3 53.11 17.70 .070 53.11 1.24 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,279

MOPO 2 4 FEE-FOR-SERVICE/DENTAL

1101 02 1	THE TOR BERVIOE, DENTILE	
MARIN COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC	AID CODE

MARIN COUNTY	SUMMARY OF SERV	ICES FOR	JU MIA	- 500 -	LTC		AID CC	ノレビ				
						MONTHLY AVE			HLY AVERA	RAGE		
43 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14		82	\$	3,070.83	\$	37.45	1.907	\$	219.35	\$	71.41
COMM HOSP INPATIENT TOTAL	0		0		31.29CR		.00	.000		.00		.73CR
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		31.29CR		.00	.000		.00		.73CR
ACCOMMODATIONS	0		0		31.29CR		.00	.000		.00		.73CR
ADMINISTRATIVE DAYS	0		0		31.29CR		.00	.000		.00		.73CR
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14		82		3,102.12		37.83	1.907		221.58		72.14
MEDICAL	6		4		153.04		38.26	.093		25.51		3.56
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	8		32		373.50		11.67	.744		46.69		8.69
RADIOLOGY	5		40		2,431.77		60.79	.930		486.35		56.55
ROOM USE	2		1		83.19		83.19	.023		41.60		1.93
CROSSOVERS/ALL OTH OUTPINT	3		5		60.62		12.12	.116		20.21		1.41
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	19		580	\$	115,030.42	\$	198.33	13.488	\$	6054.23	\$	2675.13
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2		78		9,432.54		120.93	1.814		4716.27		219.36
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

01/17/03

LEV B-SUBACUTE HSPTL BASED	3	101		55,80	68.15		553.15	2.349		18622.72		1299.26
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	14	401		49,72	29.73		124.01	9.326		3552.12		1156.51
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	3	\$	1:	18.13	\$	39.38	.070	\$	59.07	\$	2.75
HOSPITAL BASED	2	3		1:	18.13		39.38	.070		59.07		2.75
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	8	\$	2.	16.75CF	\$	27.09CR	.186	\$	36.13CF	\$	5.04CR
PATHOLOGY	6	8		2	16.75CF		27.09CR	.186		36.13CF		5.04CR
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	11	\$	1,5	78.78	\$	143.53	.256	\$	225.54	\$	36.72
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	11		1,5	78.78		143.53	.256		225.54		36.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MONT	TH-OF-PAYI	MENT RE	PORT	FOR JAN 2002	THRU	DEC	2002	PΙ	AGE 6,280
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC -	- LTC			AID CODE					
								1.4		IT V ATTED AC	TO THE	

MAKIN COONII	DOMINANT OF DEIN	VICES FOR SO MIA	500	штс	AID CO	700		
						MON	ITHLY AVERA	GE
43 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23	455	\$	23,336.11	\$ 51.29	10.581 \$	1014.61	\$ 542.70
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	301		5,316.98	17.66	7.000	312.76	123.65
AMBULANCES/AIR TRANS	14	179		2 <b>,</b> 958.77	16.53	4.163	211.34	68.81
OTHER TRANS	4	121		558.21	4.61	2.814	139.55	12.98
OTHER SERVICES	1	1		1,800.00	1800.00	.023	1800.00	41.86
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		30.64	15.32	.047	30.64	.71
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	7	152		17 <b>,</b> 988.49	118.35	3.535	2569.78	418.34
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .00 .000 \$ .00 \$ .00

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,281 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

MARIN COUNTY	PREGNANT	AID CC			_		
					MON'		
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2 \$	606.40	\$ 303.20	1.000 \$	303.20	
@PHYSICIANS SERVICES	2	2 \$	596.12	\$ 298.06	1.000 \$	298.06	\$ 298.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	544.28	544.28	.500	544.28	272.14
PRINCIPAL SURGEON	1	± 1	544.28	544.28	.500	544.28	272.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	•	~	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ţ	1	51.84	51.84	.500	51.84	25.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	6,282
MOP024	FEE-FOR-SERVICE/DENTAL	L					01.	/17/03

AID CODE

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

MARIN COUNTY

ALL OTHER INPATIENT

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$ .00 .000 \$ .00 \$ .00 @OPTOMETRIST Ω .00 .00 .000 .00 . 00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 .00 \$ .00 .000 \$ .00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 .00 .00 \$ @PODIATRIST .000 \$ .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 0 .00 .00 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 \$ .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$ . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .000 ALL OTHER INPATIENT .00 .00 .00 .00 .000 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 \$ @COUNTY HOSPITAL TOTAL .00 .000 \$ .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00

.00

.00

.000

.00

.00

.00
.00
.00
.00
.00
.00
.00
6 <b>,</b> 283
/17/03
.0

MARIN COUNTY	SUMMARY OF SER		51 MIA -	- SOC	- PREGNANT		AID CC	DDE			01/1//00
								MO	NTHLY AVERA	AGE	
02 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000		\$	.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	•	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000		\$	.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000		\$	.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00	,	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	10.28	\$	.00	.000		\$	5.14
CLINIC	0		0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	10.28	.00	.000	.00	5.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 6,284
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID CODE			

					MON	THLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,285 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 45 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,572 34.933 \$ 2175.31 \$ 3867.22 @TOTAL, ALL PROVIDERS 80 174,024.81 Ś 110.70 128 8,818.71 68.90 2.844 \$ 251.96 \$ @PHYSICIANS SERVICES 18 23 93.62 1,685.20 73.27 .511 37.45 OUTPATIENT VISITS .156 6 364.10 52.01 60.68 8.09 OFFICE VISITS Ω HOME VISITS .00 .00 .000 .00 .00 82.28 101.26 EMERGENCY ROOM 13 16 1,316.44 .356 29.25 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 0 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 0 .00 .000 .00 OTHER OUTPATIENT 4.66 .10 39 1,676.96 43.00 .867 111.80 37.27 INPATIENT VISITS HOSPITAL VISITS 0 .00 .00 .000 .00 .00 .00 CRITICAL CARE Ω .00 .00 .000 .00 1,676.96 43.00 SNF/ICF/TRANS IP CARE .867 111.80 37.27 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES Ω .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 SERVICES AND MATERIALS .00 .000 .00 INPATIENT HOSPITAL SURGERY 544.28 544.28 .022 544.28 12,10 544.28 544.28 .022 544.28 12.10 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 817.64 .111 817.64 OUTPATIENT SURGERY 18.17 163.53 817.64 PRINCIPAL SURGEON 817.64 .111 18.17 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY 23.29 5.82 .089 23.29 .52 72.66 RADIOLOGY 14 47 3,269.90 69.57 1.044 233.56 PSYCHIATRY Ω .00 . 00 .000 . 00 . 00 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION 9 801.44 89.05 .200 100.18 17.81 OTHER SERVICES/ALL X-OVERS 278 527.19 \$ @PHARMACY 41 21,614.66 77.75 6.178 \$ 480.33 270 79.74 525.14 PRESCRIPTION DRUGS 21,530.78 6.000 478.46 SNF/ICF 244 19,960.52 81.81 5.422 554.46 443.57 1,570.26 .578 224.32 34.89 OUTPATIENTS 60.39 83.88 10.49 .178 16.78 MEDICAL SUPPLIES 1.86 25.00 25.00 .022 \$ 25.00 \$ .56 @DENTIST 25.00 25.00 .022 25.00 VISITS - DIAGNOSTIC .56 ORAL SURGERY .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 6,286
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

MARTN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

MARIN COUNTY	SUMMARY OF SER	VICES FOR	52 ALL	MIA -	SOC						
									THLY AVERA	GE.	
45 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	ERAGE COST	,	-	COST PER		COST PER
		OR DAYS				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$ .00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	2		5	\$	311.51	\$ 62.30	.111	\$	155.76	\$	6.92
NURSE ANESTHESIST	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	19		103	\$	3,397.96	\$ 32.99	2.289	\$	178.84	\$	75.51
HOSP INPATIENT TOTAL	0		0		31.29CR	.00	.000		.00		.70CR
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		31.29CR	.00	.000		.00		.70CR
ACCOMMODATIONS	0		0		31.29CR	.00	.000		.00		.70CR
ADMINISTRATIVE DAYS	0		0		31.29CR	.00	.000		.00		.70CR
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19		103		3,429.25	33.29	2.289		180.49		76.21
MEDICAL	8		7		214.30	30.61	.156		26.79		4.76
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	10		46		552.84	12.02	1.022		55.28		12.29
RADIOLOGY	5		40		2,431.77	60.79	.889		486.35		54.04
ROOM USE	3		2		116.61	58.31	.044		38.87		2.59
CROSSOVERS/ALL OTH OUTPTNT	4		8		113.73	14.22	.178		28.43		2.53
@COUNTY HOSPITAL TOTAL	5		21	\$	327.13	\$ 15.58	.467	\$	65.43	\$	7.27
CO HOSPITAL INPATIENT TOTAL	0		0	•	.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	21	327.13	15.58	.467	65.43	7.27
MEDICAL	2	3	61.26	20.42	.067	30.63	1.36
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	14	179.34	12.81	.311	89.67	3.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.022	33.42	.74
CROSSOVERS/ALL OTH OUTPINT	1	3	53.11	17.70	.067	53.11	1.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	002 THRU DE	C 2002	PAGE 6,287
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03

----- MONTHLY AVERAGE -----

MARIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

USERS	IINITS OF SERVICE		EXPENDITURES	AVE	RAGE COST				OL	COST PER
ODLING										ELIGIBLE
14			3.070.83							68.24
0	0	'	•							.70CR
0	0									.00
0	0				.00					.70CR
0	0				.00					.70CR
0	0				.00					.70CR
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
14	82		3,102.12		37.83	1.822		221.58		68.94
6	4		153.04		38.26	.089		25.51		3.40
0	0		.00		.00	.000		.00		.00
8	32		373.50		11.67	.711		46.69		8.30
5	40		2,431.77		60.79	.889		486.35		54.04
2	1		83.19		83.19	.022		41.60		1.85
3	5		60.62		12.12	.111		20.21		1.35
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
19	580	\$	115,030.42	\$	198.33	12.889	\$	6054.23	\$	2556.23
0	0		.00		.00	.000		.00		.00
2	78		9,432.54		120.93	1.733		4716.27		209.61
0	0		.00		.00	.000		.00		.00
3	101		55,868.15		553.15	2.244		18622.72		1241.51
0	0		.00		.00	.000		.00		.00
14	401		49,729.73		124.01	8.911		3552.12		1105.11
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
-	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2	3	\$	118.13	\$	39.38		\$		\$	2.63
2	3		118.13		39.38	.067		59.07		2.63
	0 0 0 0 0 0 0 0 0 14 6 0 8 5 2 3 0 0 0 0 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  14 82 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  14 82 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 14 82 6 4 0 0 0 8 32 5 40 2 1 3 5 0 0 0 0 0 0 0 0 0 0 19 580 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0 14 401 0 0 \$ 0 0 0 0 0 14 401 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  14 82 \$ 3,070.83 0 0 0 31.29CR 0 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 14 82 3,102.12 6 4 153.04 0 0 0 .00 8 32 373.50 5 40 2,431.77 2 1 83.19 3 5 60.62 0 0 \$ .00 0 0 0 .00 0 0 0 .00 19 580 \$ 115,030.42 0 0 0 0 .00 19 580 \$ 115,030.42 0 0 0 .00 2 78 9,432.54 0 0 0 .00 3 101 55,868.15 0 0 0 .00 14 401 49,729.73 0 0 \$ .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00	OR DAYS OF CARE  14 82 \$ 3,070.83 \$ 0 0 0 31.29CR 0 0 0 0 31.29CR 0 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 14 82 3,102.12 6 4 153.04 0 0 0 0 0 00 8 32 373.50 5 40 2,431.77 2 1 83.19 3 5 60.62 0 0 0 \$ .00 0 0 0 0 0 0 0 0 0 0 19 580 \$ 115,030.42 \$ 0 0 0 0 0 0 19 580 \$ 115,030.42 \$ 0 0 0 0 0 0 2 78 9,432.54 0 0 0 0 0 0 3 101 55,868.15 0 0 0 0 0 0 14 401 49,729.73 0 0 \$ .00 14 401 49,729.73 0 0 \$ .00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  14 82 3,070.83 37.45 0 0 0 31.29CR .00 .00 0 0 31.29CR .00 0 0 31.29CR .00 0 0 0 31.29CR .00 0 0 0 31.29CR .00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS	USERS	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           14         82         \$ 3,070.83         \$ 37.45         1.822         \$ 219.35           0         0         31.29CR         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         31.29CR         .00         .000         .00           0         0         31.29CR         .00         .000         .00           0         0         31.29CR         .00         .000         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	USERS

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	8 \$	216.75	CR \$	27.09CR	.178	\$ 36.13CF	R\$ 4.82CR
PATHOLOGY	6	8	216.75	CR	27.09CR	.178	36.13CF	R 4.82CR
XO AND OTHERS	0	0	.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	11 \$	1,589.06	\$	144.46	.244	\$ 227.01	\$ 35.31
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	11	1,589.06		144.46	.244	227.01	35.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU	DEC 2002	PAGE 6,288
MOP024	FEE-FOR-SERVICE/DE	INTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICE	ES FOR 52 ALL MIZ	A - SOC					

THINCH COOMIT	DOINING OF DEL	(VICED FOR 52 MEE)	-1111	DOC						
						M	ONTHLY AVE	RAGE		
45 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PE	R	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@ALL OTHER PROVIDERS	23	455	\$	23,336.11	\$ 51.29	10.111	\$ 1014.6	1 \$	518.58	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.0	0	.00	
BLOOD BANK	0	0		.00	.00	.000	.0	0	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.0	0	.00	
MEDICAL TRANSPORTATION	17	301		5,316.98	17.66	6.689	312.7	6	118.16	
AMBULANCES/AIR TRANS	14	179		2,958.77	16.53	3.978	211.3	4	65.75	
OTHER TRANS	4	121		558.21	4.61	2.689	139.5	5	12.40	
OTHER SERVICES	1	1		1,800.00	1800.00	.022	1800.0	0	40.00	
ACUPUNCTURE	0	0		.00	.00	.000	.0	0	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.0	0	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.0	0	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.0	0	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.0	0	.00	
OPTICIAN	1	2		30.64	15.32	.044	30.6	4	.68	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.0	0	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.0	0	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.0	0	.00	
PROSTHETICS	0	0		.00	.00	.000	.0	0	.00	
ORTHOTICS	0	0		.00	.00	.000	.0	0	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.0	0	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.0	0	.00	
HOSPICE SERVICES	7	152		17,988.49	118.35	3.378	2569.7	8	399.74	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.0	0	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.0	0	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.0	0	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.0	0	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.0	0	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.0	0	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .0	) \$	.00	
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .0	) \$	.00	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,289 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU DEC	2002	PAGE 6,290 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

						MOI	NTHLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	.00	\$	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	T FOR JAN 2	2002 THRU DEC	2002	PAGE 6,291
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	R 53 FOR FU	URE USE				
					MONTH	LY AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF	-PAYMENT RE	PORT I	FOR JAN 20	02 THRU	DEC 2002	2	PAGE	6 <b>,</b> 292
MOP024	FEE-FOR-SERVICE/DENTAL									01	1/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$ .00 \$ .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS .00 .000 .00 .00 .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 ACUPUNCTURE .000 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 PROSTHETICS .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 0 .00 .000 \$ @XOVER EXCLUDING STATE HOSP\*\* .00 \$ .00 \$ .00

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

MARIN COUNTY	SUMMARY OF SER	VICES FOR 54 MEDICALLY	INDIGENT ADULTS				~=
	HORDO	INTEG OF GERMAN		717ED 7 CE COCE	MONT		
	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000.00.00.00.00.00.00.00.00.00.00.00.	94 42 20 6 0 15	OR DAYS OF CARE	175 550 77	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	94	1,624 \$	175,552.77	\$ 108.10			\$ 3312.32
@PHYSICIANS SERVICES	42	156 \$	9,591.64	\$ 61.48			
OUTPATIENT VISITS	20	25	1,798.15	71.93	.472	89.91	33.93
OFFICE VISITS	6	7	364.10	52.01	.132	60.68	6.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
		18	1,429.39	79.41	.340	95.29	26.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	4.66	.00	.000	.00	.09
INPATIENT VISITS	15	39	1,676.96	43.00	.736	111.80	31.64
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	15	39	1,676.96	43.00	.736	111.80	31.64
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	22	1,010.36	45.93	.415	505.18	19.06
PRINCIPAL SURGEON	1	1	544.28	544.28	.019	544.28	10.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	21	466.08	22.19	.396	466.08	8.79
OUTPATIENT SURGERY	1	5	817.64	163.53	.094	817.64	15.43
	1	5					
PRINCIPAL SURGEON	1		817.64	163.53	.094	817.64	15.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	23.29	5.82	.075	23.29	. 44
RADIOLOGY	18	51	3,442.96	67.51	.962	191.28	64.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	10	822.28	82.23	.189	91.36	15.51
@PHARMACY	42	279 \$	21,721.66	\$ 77.86	5.264 \$		\$ 409.84
PRESCRIPTION DRUGS	42	271	21 <b>,</b> 637.78	79.84	5.113	515.19	408.26
SNF/ICF	36	244	19,960.52	81.81	4.604	554.46	376.61
OUTPATIENTS	8	27	1,677.26	62.12	.509	209.66	31.65
MEDICAL SUPPLIES	5	8	83.88	10.49	.151	16.78	1.58
@DENTIST	42 36 8 5 3 0 0 0	5 \$	80.00	\$ 16.00	.094 \$	26.67	\$ 1.51
VISITS - DIAGNOSTIC	3	5	80.00	16.00	.094	26.67	1.51
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	0	0					.00
MAXILLOFACIAL SERVICES	U O	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	U	U	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	O	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	LPORT FOR JAN 2	ZUUZ THKU DEC		PAGE 6,294

01/17/03

FEE-FOR-SERVICE/DENTAL

THINCH COONTI	DOIMING OF DELICE	TCDD TOR	3 1 1111111	Силии	INDIGHNI MDOHIO							
								M	ONT	HLY AVERA	.GE	
53 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3		6	\$	341.64	\$	56.94	.113	\$	113.88	\$	6.45
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	22		113	\$	3,778.61	\$	33.44	2.132	\$	171.76	\$	71.29
HOSP INPATIENT TOTAL	0		0		31.29CF	3	.00	.000		.00		.59CR
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		31.29CF		.00	.000		.00		.59CR
ACCOMMODATIONS	0		0		31.29CF		.00	.000		.00		.59CR
ADMINISTRATIVE DAYS	0		0		31.29CF	3	.00	.000		.00		.59CR
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	22	113		3,809.90		33.72	2.132		173.18		71.88	
MEDICAL	9	8		259.32		32.42	.151		28.81		4.89	
SURGERY	0	0		6.84		.00	.000		.00		.13	
PATHOLOGY	12	49		602.54		12.30	.925		50.21		11.37	
RADIOLOGY	6	42		2,553.35		60.79	.792		425.56		48.18	
ROOM USE	4	3		226.34		75.45	.057		56.59		4.27	
CROSSOVERS/ALL OTH OUTPTNT	5	11		161.51		14.68	.208		32.30		3.05	
@COUNTY HOSPITAL TOTAL	5	21	\$	327.13	\$	15.58	.396	\$	65.43	\$	6.17	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	5	21		327.13		15.58	.396		65.43		6.17	
MEDICAL	2	3		61.26		20.42	.057		30.63		1.16	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	2	14		179.34		12.81	.264		89.67		3.38	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	1	1		33.42		33.42	.019		33.42		.63	
CROSSOVERS/ALL OTH OUTPTNT		3		53.11		17.70	.057		53.11		1.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 6,295	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03	
MARIN COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICAL	LY INDIGENT ADULTS								

THINCH COUNTY	DOILIMING OF DELIC	VIOLO IOIC	0 1 1111111	. 0211111	INDICENT TEOLIC							
								MC	NT.	HLY AVERA	GΕ	
53 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17		92	\$	3,451.48	\$	37.52	1.736	\$	203.03	\$	65.12
COMM HOSP INPATIENT TOTAL	0		0		31.29CR		.00	.000		.00		.59CR
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		31.29CR		.00	.000		.00		.59CR
ACCOMMODATIONS	0		0		31.29CR		.00	.000		.00		.59CR
ADMINISTRATIVE DAYS	0		0		31.29CR		.00	.000		.00		.59CR
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17		92		3,482.77		37.86	1.736		204.87		65.71
MEDICAL	7		5		198.06		39.61	.094		28.29		3.74
SURGERY	0		0		6.84		.00	.000		.00		.13
PATHOLOGY	10		35		423.20		12.09	.660		42.32		7.98
RADIOLOGY	6		42		2,553.35		60.79	.792		425.56		48.18
ROOM USE	3		2		192.92		96.46	.038		64.31		3.64
CROSSOVERS/ALL OTH OUTPTNT	4		8		108.40		13.55	.151		27.10		2.05
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	19		580	\$	115,030.42	\$	198.33	10.943	\$	6054.23	\$	2170.39
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2		78		9,432.54		120.93	1.472		4716.27		177.97
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	3	101		55,868.15		553.15	1.906	1	L8622.72		1054.12
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	401		49,729.73		124.01	7.566		3552.12		938.30
@INTERMEDIATE CARE FACILDD	0	0 :	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 :	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	3	\$	118.13	\$	39.38	.057	\$	59.07	\$	2.23
HOSPITAL BASED	2	3		118.13		39.38	.057		59.07		2.23
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	14	\$	174.04CR	\$	12.43CR	.264	\$	19.34CF	۲\$	3.28CR
PATHOLOGY	9	14		174.04CR		12.43CR	.264		19.34CF	ξ.	3.28CR
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	12	\$	1,623.60	\$	135.30	.226	\$	202.95	\$	30.63
CLINIC	1	1		24.26		24.26	.019		24.26		.46
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	11		1,599.34		145.39	.208		228.48		30.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	S MONT	TH-OF-PAYMENT REF	PORT	FOR JAN 2002	THRU	DEC	2002	P	AGE 6,296
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	54 MEDICA	ALLY I	INDIGENT ADULTS							

----- MONTHLY AVERAGE -----53 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 51.41 @ALL OTHER PROVIDERS 24 456 \$ 23,441.11 \$ 8.604 \$ 976.71 \$ 442.29 .00 .000 .00 DURABLE MED. EQUIP. .00 . 00 .00 BLOOD BANK 0 0 .00 .000 .00 .00 .00 0 .00 .000 .00 HEARING AID DISPENSERS .00 17 301 5,316.98 17.66 5.679 312.76 100.32 MEDICAL TRANSPORTATION 3.377 14 16.53 211.34 55.83 AMBULANCES/AIR TRANS 179 2,958.77 121 4.61 2.283 139.55 OTHER TRANS 558.21 10.53 1800.00 OTHER SERVICES 1 1,800.00 1800.00 .019 33.96 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 105.00 105.00 105.00 GENETIC DISEASE TESTING .019 1.98 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 30.64 15.32 .038 30.64 .58 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 . 00 . 00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES 152 17,988.49 118.35 2.868 2569.78 339.41 0 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

PAGE 6,297

----- MONTHLY AVERAGE -----

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

						IULI AARKA	
19,980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,628	423,996 \$	18,459,504.84	\$ 43.54	21.221 \$	1261.93	\$ 923.90
@PHYSICIANS SERVICES	2,383	6 <b>,</b> 720 \$	171,437.56	\$ 25.51	.336 \$		
OUTPATIENT VISITS	327	432	18,180.55	42.08	.022	55.60	.91
OFFICE VISITS	235	306	10,790.18	35.26	.015	45.92	.54
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	92	104	6,788.13	65.27	.005	73.78	.34
	92	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	-						.00
OTHER OUTPATIENT	19	21	567.94	27.04	.001	29.89	.03
INPATIENT VISITS	68	419	19,388.61	46.27	.021	285.13	.97
HOSPITAL VISITS	63	394	17,293.71	43.89	.020	274.50	.87
CRITICAL CARE	3	13	1,580.80	121.60	.001	526.93	.08
SNF/ICF/TRANS IP CARE	7	12	514.10	42.84	.001	73.44	.03
OPHTHALMOLOGICAL SERVICES	32	37	1,837.07	49.65	.002	57.41	.09
EXAMINATIONS	32	37	1,837.07	49.65	.002	57.41	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	39	218	21,855.96	100.26	.011	560.41	1.09
PRINCIPAL SURGEON	26	42	17,374.41	413.68	.002	668.25	.87
ASSISTANT SURGEON	3	3	781.09	260.36	.000	260.36	.04
ANESTHESIOLOGIST	14	173	3,700.46	21.39	.009	264.32	.19
OUTPATIENT SURGERY	57	193	19,069.51	98.81	.010	334.55	.95
PRINCIPAL SURGEON	42	59	16,834.21	285.33	.003	400.81	.84
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.01
ANESTHESIOLOGIST	15	133	2,128.08	16.00	.007	141.87	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	39	121	1,075.31	8.89	.006	27.57	.05
RADIOLOGY	188	355	14,194.99	39.99	.018	75.51	.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	17	114.87	6.76	.001	12.76	.01
OTHER SERVICES/ALL X-OVERS	1,941	4,928	75,720.69	15.37	.247	39.01	3.79
@PHARMACY	11,242	82,443 \$	2,686,351.99		4.126 \$		
PRESCRIPTION DRUGS	11,067	42,537	2,607,460.05	61.30	2.129	235.61	130.50
	2,755	14,592	713,245.11	48.88	.730	258.89	35.70
SNF/ICF				67.78			
OUTPATIENTS	8,387	27,945	1,894,214.94		1.399	225.85	94.81
MEDICAL SUPPLIES	831	39,906	78,891.94	1.98	1.997	94.94	3.95
@DENTIST	1,062	3,415 \$		\$ 48.84	.171 \$		
VISITS - DIAGNOSTIC	714	2,081	33,337.69	16.02	.104	46.69	1.67
ORAL SURGERY	127	264	11,079.50	41.97	.013	87.24	.55
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	35	35	5,625.00	160.71	.002	160.71	.28
ENDODONTICS	58	69	14,680.00	212.75	.003	253.10	.73
RESTORATIVE DENTISTRY	251	491	47,880.00	97.52	.025	190.76	2.40
PROSTHETICS	10	15	1,650.00	110.00	.001	165.00	.08
DENTURES, STAYPLATES	175	459	52,471.01	114.32	.023	299.83	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	2	1	79.50	79.50	.000	39.75		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	6,298
MOP024	FEE-FOR-SERVICE/DENTA	L					01,	/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	OR 55 ALL AGE	ID .					

MARIN COUNTY	SUMMARY OF SER	VICES FOR 55 ALL AC	÷ED				.,	0 3 T III		~=	
10 000 51 53 51 53	a=p.a				3.7.7		M			GE.	
19,980 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	0.4	OR DAYS OF CARE		5 556 05		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	94	248	?	5,776.95	\$	23.29	.012	Ş	61.46	Ş	.29
DIAGNOSTIC AND ANC. PROCED	50	54		2,347.00		43.46	.003		46.94		.12
EYE APPLIANCES	59	185		3,150.49		17.03	.009		53.40		.16
OTHER OPTOMETRIC SERVICES	9	9		279.46		31.05	.000		31.05		.01
@CHIROPRACTOR	1	3 \$	5	7.44	\$	2.48	.000	Ş	7.44	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	3		7.44		2.48	.000		7.44		.00
@PODIATRIST	414	612	\$	•	\$	6.54	.031	\$	9.67	\$	.20
MEDICINE/INJECTIONS	14	17		489.40		28.79	.001		34.96		.02
SURGERY/ANES.	2	2		20.00		10.00	.000		10.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	400	591		3,461.40		5.86	.030		8.65		.17
@HOME HEALTH AGENCY	31	229	5	16,092.38	\$	70.27	.011	\$	519.11	\$	.81
NURSE ANESTHESIST	0	0 \$	3	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$	3	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$	3	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	6	16	5	122.92	\$	7.68	.001	\$	20.49	\$	.01
@TOTAL HOSPITAL	1,562	7,585	5	833,251.43	\$	109.86	.380		533.45	\$	41.70
HOSP INPATIENT TOTAL	208	1,340		650,227.90		485.24	.067		3126.10		32.54
HSC HOSPITALS	90	398		486,559.85		1222.51	.020		5406.22		24.35
NON-HSC HOSPITAL TOTAL	10	35		31,225.92		892.17	.002		3122.59		1.56
ACCOMMODATIONS	10	35		10,987.65		313.93	.002		1098.77		.55
ADMINISTRATIVE DAYS	7	30		6,479.41		215.98	.002		925.63		.32
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	5		4,508.24		901.65	.000		1502.75		.23
ANCILLARIES	10	0		20,238.27		.00	.000		2023.83		1.01
INPATIENT CROSSOVERS	115	907		132,442.13		146.02	.045		1151.67		6.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,423	6 <b>,</b> 245		183,023.53		29.31	.313		128.62		9.16
MEDICAL	165	274		10,722.72		39.13	.014		64.99		.54
SURGERY	34	45		2,889.82		64.22	.002		84.99		.14
PATHOLOGY	151	756		8,836.90		11.69	.038		58.52		.44
RADIOLOGY	151	232		19,479.96		83.97	.012		129.01		.97
	157	228		9,545.26		41.87	.012		60.80		.48
ROOM USE		4,710				27.93	.236				6.58
CROSSOVERS/ALL OTH OUTPINT	•	•		131,548.87	ċ			Ċ	114.59	Ċ	
@COUNTY HOSPITAL TOTAL	6	19 \$	?		\$		.001	Þ		Þ	.13
CO HOSPITAL INPATIENT TOTAL	1	5		2,220.99		444.20	.000		2220.99		.11
HSC HOSPITALS	1	5 0		2,220.99		444.20	.000		2220.99		.11
NON-HSC HOSPITALS TOTAL	Ü	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	5	14		441.58	31.54	.001	88.32		.02
MEDICAL	4	4		219.09	54.77	.000	54.77		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	3		27.05	9.02	.000	13.53		.00
RADIOLOGY	2	2		49.91	24.96	.000	24.96		.00
ROOM USE	4	4		135.72	33.93	.000	33.93		.01
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.81	9.81	.000	9.81		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAG:	E 6,299
MOP024	FEE-FOR-SERVICE	· ·						1	01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL A	GED						
						MON		GE	
19,980 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	CO	ST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	1,558	,	\$	830,588.86	\$ 109.78	.379 \$		\$	41.57
COMM HOSP INPATIENT TOTAL	207	1,335		648,006.91	485.40		3130.47		32.43
HSC HOSPITALS	89	393		484,338.86	1232.41	.020	5442.01		24.24
NON-HSC HOSPITALS TOTAL	10	35		31,225.92	892.17	.002	3122.59		1.56
ACCOMMODATIONS	10	35		10,987.65	313.93	.002	1098.77		.55
ADMINISTRATIVE DAYS	7	30		6,479.41	215.98	.002	925.63		.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	5		4,508.24	901.65	.000	1502.75		.23
ANCILLARIES	10	0		20,238.27	.00	.000	2023.83		1.01
INPATIENT CROSSOVERS	115	907		132,442.13	146.02	.045	1151.67		6.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,420	6 <b>,</b> 231		182 <b>,</b> 581.95	29.30	.312	128.58		9.14
MEDICAL	162	270		10,503.63	38.90	.014	64.84		.53
SURGERY	34	45		2,889.82	64.22	.002	84.99		.14
PATHOLOGY	150	753		8,809.85	11.70	.038	58.73		.44
RADIOLOGY	149	230		19,430.05	84.48	.012	130.40		.97
ROOM USE	154	224		9,409.54	42.01	.011	61.10		.47
CROSSOVERS/ALL OTH OUTPTNT	1,147	4,709		131,539.06	27.93	.236	114.68		6.58
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3,833	128,770	\$	13,406,626.01	\$	104.11	6.445	\$	3497.68	\$	671.00
LEV A-INTERMEDIATE	2	131		5,154.40		39.35	.007		2577.20		.26
LEV B-REHAB MD	5	85		9,815.57		115.48	.004		1963.11		.49
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	106		58,633.90		553.15	.005		14658.48		2.93
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3,825	128,448		13,333,022.14		103.80	6.429		3485.76		667.32
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	47	49	\$	32,042.01	\$	653.92	.002	\$	681.74	\$	1.60
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	47	49		32,042.01		653.92	.002		681.74		1.60
@REHABILITATION FACILITY	2	3	\$	173.32	\$	57.77	.000	\$	86.66	\$	.01
HOSPITAL BASED	2	3		173.32		57.77	.000		86.66		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	262	1,929	\$	15 <b>,</b> 726.56	\$	8.15	.097	\$	60.03	\$	.79
PATHOLOGY	234	1,887		14,254.40		7.55	.094		60.92		.71
XO AND OTHERS	34	42		1,472.16		35.05	.002		43.30		.07
@ORGANIZED OUTPATIENT CLINIC	1,001	1,557	\$	91,931.06	\$	59.04	.078	\$	91.84	\$	4.60
CLINIC	29	52		1,777.15		34.18	.003		61.28		.09
SURGICENTER	14	17		3,064.10		180.24	.001		218.86		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	968	1,488		87,089.81		58.53	.074		89.97		4.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPOR'	r for jan	2002 THRU	DEC	2002	PΑ	AGE 6,300
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERVICE	S FOR 55 ALL	AGED								
			AGED							~=	01/17/03

					110		.01
19,980 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,652	190,417	\$ 1,029,157.11	\$ 5.40	9.530	\$ 388.07	\$ 51.51
DURABLE MED. EQUIP.	103	709	47 <b>,</b> 846.76	67.48	.035	464.53	2.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	115	159	22,298.72	140.24	.008	193.90	1.12
MEDICAL TRANSPORTATION	378	3,444	31,188.96	9.06	.172	82.51	1.56
AMBULANCES/AIR TRANS	67	485	8,718.29	17.98	.024	130.12	. 44
OTHER TRANS	43	375	1,531.97	4.09	.019	35.63	.08
OTHER SERVICES	278	2,584	20,938.70	8.10	.129	75.32	1.05
ACUPUNCTURE	60	196	3,514.26	17.93	.010	58.57	.18
ADULT DAY HEALTH CARE CTR	400	5 <b>,</b> 072	336,561.56	66.36	.254	841.40	16.84
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	814	4,226	303,021.28	71.70	.212	372.26	15.17
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	348	1,014	13,671.76	13.48	.051	39.29	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	20	27	149.16	5.52	.001	7.46	.01
PROSTHETIST/ORTHOTISTS	28	68	2,573.62	37.85	.003	91.92	.13
PROSTHETICS	21	55	1,720.57	31.28	.003	81.93	.09
ORTHOTICS	8	13	853.05	65.62	.001	106.63	.04
PSYCHOLOGIST	25	32	237.55	7.42	.002	9.50	.01
SPEECH AND AUDIOLOGY	75	188	9,008.75	47.92	.009	120.12	.45
HOSPICE SERVICES	73	1,831	203,147.95	110.95	.092	2782.85	10.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00		.00	.00	0 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00.	.00	0 .00
RESPIRATORY CARE PRACT.	0	0	.00		.00.	.00	0 .00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00.	.00	0 .00
ALL OTHER PROVIDERS	685	173 <b>,</b> 451	55 <b>,</b> 936.78		.32 8.683	1 81.6	6 2.80
@CALIF. CHILDREN SERVICES*	1	2CR \$	45.16	\$ 22.	.58CR .000	3 \$ 45.1	ó \$ .00
@XOVER EXCLUDING STATE HOSP**	3,886	56 <b>,</b> 894 \$	629,112.97	\$ 11.	.06 2.848	3 \$ 161.8	9 \$ 31.49

 $<sup>\</sup>ensuremath{\emptyset^{\star}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,301 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY	CIMMADY OF CED	VICES FOR 56 ALL	DITMD					01/1//0
MARIN COUNTI	SUMMARI OF SER	VICES FOR 36 ALL	ргтир			MOI	NTHLY AVERA	GE
1,087 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST			COST PER
,		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	739	51,113	\$	1,037,608.38	\$ 20.30		\$ 1404.07	
@PHYSICIANS SERVICES	174	770	\$		\$ 31.72		\$ 140.37	
OUTPATIENT VISITS	50	70		2,694.14	38.49	.064	53.88	2.48
OFFICE VISITS	29	38		1,179.89	31.05	.035	40.69	1.09
HOME VISITS	5	6		186.70	31.12	.006	37.34	.17
EMERGENCY ROOM	20	23		1,261.88	54.86	.021	63.09	1.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3		65.67	21.89	.003	21.89	.06
INPATIENT VISITS	24	165		7,719.09	46.78	.152	321.63	7.10
HOSPITAL VISITS	15	128		5,434.67	42.46	.118	362.31	5.00
CRITICAL CARE	4	13		1,392.70	107.13	.012	348.18	1.28
SNF/ICF/TRANS IP CARE	13	24		891.72	37.16	.022	68.59	.82
OPHTHALMOLOGICAL SERVICES	8	10		416.14	41.61	.009	52.02	.38
EXAMINATIONS	8	10		416.14	41.61	.009	52.02	.38
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	71		1,974.30	27.81	.065	246.79	1.82
PRINCIPAL SURGEON	6	11		1,514.65	137.70	.010	252.44	1.39
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	60		459.65	7.66	.055	229.83	.42
OUTPATIENT SURGERY	3	7		597.88	85.41	.006	199.29	
PRINCIPAL SURGEON	2	4		492.52	123.13	.004	246.26	.45
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		105.36	35.12	.003	105.36	.10
DIALYSIS	8	70		4,269.72	61.00	.064	533.72	3.93
PATHOLOGY	5 21	41 70		370.23	9.03	.038	74.05	.34
RADIOLOGY	0			1,708.24	24.40	.064	81.34	1.57
PSYCHIATRY	1	0		.00 130.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	111	265			130.00 17.15	.001	130.00	.12 4.18
@PHARMACY	627	13,654	\$	4,544.36 221,880.84	\$ 16.25	.244 12.561	40.94 \$ 353.88	
PRESCRIPTION DRUGS	597	2,509	ې	203,453.70	81.09	2.308	340.79	187.17
SNF/ICF	81	521		38,597.25	74.08	.479	476.51	35.51
OUTPATIENTS	519	1,988		164,856.45	82.93	1.829	317.64	151.66
MEDICAL SUPPLIES	109	11,145		18,427.14	1.65	10.253	169.06	16.95
@DENTIST	64	211	\$	8,586.50		.194		
VISITS - DIAGNOSTIC	45	138	٧	2,396.50	17.37	.127	53.26	2.20
ORAL SURGERY	7	11		391.00	35.55	.010	55.86	.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
	•	· ·		.00	. 5 0	• • • •	.00	.00

PERIODONTICS	4	6	1,200.00	200.00	.006	300.00	1.10
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	21	51	4,354.00	85.37	.047	207.33	4.01
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	3	3	215.00	71.67	.003	71.67	.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	2002	PAGE 6,302
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BLIN	)				
					N/ONTI	DIII 37 A T 7 D D A C	· -

----- MONTHLY AVERAGE -----USERS EXPENDITURES 1,087 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 32 62.07 .029 \$ 141.88 \$ @OPTOMETRIST 14 1,986.32 1.83 6 365.23 60.87 .006 60.87 DIAGNOSTIC AND ANC. PROCED .34 20 1,406.88 70.34 .018 175.86 1.29 EYE APPLIANCES .006 OTHER OPTOMETRIC SERVICES 214.21 35.70 42.84 .20 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 VISITS 0 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 14 @PODIATRIST 14 94.63 6.76 .013 \$ 6.76 .09 MEDICINE/INJECTIONS 61.20 30.60 .002 30.60 .06 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 12 12 33.43 2.79 .011 2.79 . 0.3 1,704 50,388.32 29.57 1.568 \$ 4580.76 @HOME HEALTH AGENCY 46.36 Ω 0 .00 \$ .00 .000 \$ .00 Ś .00 NURSE ANESTHESIST Ω .00 Ś .00 .000 .00 Ś .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .000 .00 Ś FAMILY NURSE PRACTITIONER .00 .00 629 .579 @TOTAL HOSPITAL 140,415.95 223.24 \$ 1210.48 129.18 20 178 131,419.53 HOSP INPATIENT TOTAL 738.31 .164 6570.98 120.90 91 .084 102,723.00 1128.82 12840.38 94.50 HSC HOSPITALS 17,853.72 2231.72 .007 4463.43 NON-HSC HOSPITAL TOTAL 7,764.35 970.54 1941.09 7.14 ACCOMMODATIONS .007 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 8 ALL OTHER ACCOM 7,764.35 970.54 .007 1941.09 7.14 ANCILLARIES 0 10,089.37 .00 .000 2522.34 9.28 INPATIENT CROSSOVERS 10,842.81 137.25 .073 1355.35 9.97 ALL OTHER INPATIENT Ω .00 .00 .000 . 00 . 00 8,996.42 HOSP OUTPATIENT TOTAL 100 451 19.95 .415 89.96 8.28 38 1,237.18 32.56 .035 56.24 MEDICAL 1.14 4 4 61.38 .004 SURGERY 245.52 61.38 .23 11.38 81.42 PATHOLOGY 136 1,547.02 .125 1.42 RADIOLOGY 13 18 1,655.25 91.96 .017 127.33 1.52 35 45.76 .032 72.79 ROOM USE 1,601.45 1.47 220 2,710.00 12.32 .202 36.13 2.49 CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .000 .00 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 6,303
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	DR 56 ALL BLIND					
					MONTE	HLY AVERAG	E

						M		GE -	
1,087 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		T UNITS/DAY			COST PER
		OR DAYS OF CARE	3			Y PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	629	\$		\$ 223.24	.579	\$ 1210.48	\$	129.18
COMM HOSP INPATIENT TOTAL	20	178		131,419.53	738.31	.164	6570.98		120.90
HSC HOSPITALS	8	91		102,723.00	1128.82	.084	12840.38		94.50
NON-HSC HOSPITALS TOTAL	4	8		17,853.72	2231.72	.007	4463.43		16.42
ACCOMMODATIONS	4	8		7,764.35	970.54	.007	1941.09		7.14
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	8		7,764.35	970.54	.007	1941.09		7.14
ANCILLARIES	4	0		10,089.37	.00	.000	2522.34		9.28
INPATIENT CROSSOVERS	8	79		10,842.81	137.25	.073	1355.35		9.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	100	451		8,996.42	19.95	.415	89.96		8.28
MEDICAL	22	38		1,237.18	32.56	.035	56.24		1.14
SURGERY	4	4		245.52	61.38	.004	61.38		.23
PATHOLOGY	19	136		1,547.02	11.38	.125	81.42		1.42
RADIOLOGY	13	18		1,655.25	91.96	.017	127.33		1.52
ROOM USE	22	35		1,601.45	45.76	.032	72.79		1.47
CROSSOVERS/ALL OTH OUTPINT	75	220		2,710.00	12.32	.202	36.13		2.49
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	62	2,196	\$	262,697.71	\$ 119.63	2.020	\$ 4237.06	\$	241.67
LEV A-INTERMEDIATE	0	, 0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	62	2,196		262,697.71		2.020	4237.06		241.67
@INTERMEDIATE CARE FACILDD	40	1 <b>,</b> 293	\$	173,851.15	\$ 134.46		\$ 4346.28	\$	159.94
ICF DDH	40	1,293	·	173,851.15	134.46	1.190	4346.28	•	159.94
ICF DD	0	, 0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	15	665	\$		\$ 24.13	.612	\$ 1069.69	\$	14.76
HOSPITAL BASED	0	0	·	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	15	665			24.13	.612	1069.69		14.76
@REHABILITATION FACILITY	3	4	\$		\$ 21.19	.004	\$	\$	.08
HOSPITAL BASED	0	0	'	.00	.00	.000	.00		.00
	3	· ·		• • •	,				

INDEPENDENT FACILITY 3 4 84.76 21.19 .004 28.25	0.0
***************************************	.08
@LABORATORY FACILITY 36 313 \$ 4,335.15 \$ 13.85 .288 \$ 120.42 \$	
PATHOLOGY 36 313 4,335.15 13.85 .288 120.42	3.99
XO AND OTHERS 0 0 .00 .00 .000 .00	.00
@ORGANIZED OUTPATIENT CLINIC         47         81         \$         3,030.36         \$         37.41         .075         \$         64.48         \$	
CLINIC 19 39 1,046.15 26.82 .036 55.06	.96
SURGICENTER         1         1         183.35         183.35         .001         183.35	.17
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 27 41 1,800.86 43.92 .038 66.70	1.66
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,304
MOP024 FEE-FOR-SERVICE/DENTAL	01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND	
MONTHLY AVERAGE	2
1,087 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@ALL OTHER PROVIDERS 207 29,547 \$ 129,787.26 \$ 4.39 27.182 \$ 626.99 \$	\$ 119.40
DURABLE MED. EQUIP. 8 58 8,374.41 144.39 .053 1046.80	7.70
BLOOD BANK 0 0 .00 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 7 11 1,192.57 108.42 .010 170.37	1.10
MEDICAL TRANSPORTATION 34 3,230 12,236.01 3.79 2.971 359.88	11.26
AMBULANCES/AIR TRANS 11 162 2,610.48 16.11 .149 237.32	2.40
OTHER TRANS 17 3,006 9,087.88 3.02 2.765 534.58	8.36
OTHER SERVICES 9 62 537.65 8.67 .057 59.74	.49
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 10 82 5,481.34 66.85 .075 548.13	5.04
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 63 1,900 67,165.25 35.35 1.748 1066.12	61.79
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00	.00

1,054.53

.00

52.54

.00

23.43

.00

26.27

.00

.041

.000

.000

.002

95.87

.00

52.54

.97

.00

.00

.05

45

0

0

2

11

0

0

1

OPTICIAN

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

PORTABLE X-RAY

PROSTHETICS	1	2	52.54	26.27	.002	52.54	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	37	135	4,993.87	36.99	.124	134.97	4.59
HOSPICE SERVICES	2	26	2,723.76	104.76	.024	1361.88	2.51
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	2,053	19,010.56	9.26	1.889	864.12	17.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	56	22,005	7,502.42	.34	20.244	133.97	6.90
@CALIF. CHILDREN SERVICES*	16	119	\$ 20,045.95	\$ 168.45	.109	\$ 1252.87	\$ 18.44
@XOVER EXCLUDING STATE HOSP**	197	1,142	\$ 25,299.06	\$ 22.15	1.051	\$ 128.42	\$ 23.27

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,305 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

						MO	NTHLY AVERA	GE -	
38,819 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	29,424	996,959	\$	30,048,041.93	\$ 30.14	25.682	\$ 1021.21	\$	774.06
@PHYSICIANS SERVICES	7,281	22,533	\$	855,382.20	\$ 37.96	.580	\$ 117.48	\$	22.04
OUTPATIENT VISITS	3,423	4,946		195,291.40	39.48		57.05		5.03
OFFICE VISITS	2,186	3,047		99,191.54	32.55		45.38		2.56
HOME VISITS	91	104		3,943.25	37.92	.003	43.33		.10
EMERGENCY ROOM	1,269	1,598		85,617.84	53.58	.041	67.47		2.21
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.000	60.48		.00
OTHER OUTPATIENT	170	196		6,478.29	33.05	.005	38.11		.17
INPATIENT VISITS	788	3,119		148,575.96	47.64	.080	188.55		3.83
HOSPITAL VISITS	542	2 <b>,</b> 557		113,030.44	44.20	.066	208.54		2.91
CRITICAL CARE	51	198		23,126.80	116.80	.005	453.47		.60
SNF/ICF/TRANS IP CARE	265	364		12,418.72	34.12	.009	46.86		.32
OPHTHALMOLOGICAL SERVICES	165	194		8,469.91	43.66	.005	51.33		.22
EXAMINATIONS	165	194		8,469.91	43.66	.005	51.33		.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	222	1,327		99,151.58	74.72	.034	446.63		2.55
PRINCIPAL SURGEON	162	255		72 <b>,</b> 666.59	284.97	.007	448.56		1.87
ASSISTANT SURGEON	9	10		1,445.58	144.56	.000	160.62		.04
ANESTHESIOLOGIST	76	1,062		25,039.41	23.58	.027	329.47		.65
OUTPATIENT SURGERY	498	1,394		80,743.41	57.92	.036	162.14		2.08
PRINCIPAL SURGEON	404	501		63,382.52	126.51	.013	156.89		1.63
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	108	893		17,360.89	19.44	.023	160.75		.45
DIALYSIS	15	93		5,167.24	55.56	.002	344.48		.13
PATHOLOGY	416	1,113		11,811.15	10.61	.029	28.39		.30
RADIOLOGY	1,364	2,535		105,573.54	41.65	.065	77.40		2.72
PSYCHIATRY	14	27		756.60	28.02	.001	54.04		.02
IMMUNIZATION AND INJECTION	112	316		59,134.62	187.13	.008	527.99		1.52
OTHER SERVICES/ALL X-OVERS	3,073	7 <b>,</b> 469		140,706.79	18.84	.192	45.79		3.62
@PHARMACY	24,395	203 <b>,</b> 399	\$	15,471,518.93		5.240		\$	398.56
PRESCRIPTION DRUGS	24,062	105,822		12,324,976.93	116.47	2.726	512.22		317.50
SNF/ICF	1,644	11,184		1,200,342.85	107.33	.288	730.14		30.92
OUTPATIENTS	22,598	94,638		11,124,634.08	117.55	2.438	492.28		286.58

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	1,875	97 <b>,</b> 577		3,146,542.00		32.25	2.514		1678.16		81.06	
@DENTIST	3,120	10,481	\$	476,524.12	\$	45.47	.270	\$	152.73	\$	12.28	
VISITS - DIAGNOSTIC	2,219	6 <b>,</b> 599		116,427.35		17.64	.170		52.47		3.00	
ORAL SURGERY	312	683		34,017.43		49.81	.018		109.03		.88	
DRUGS	14	18		93.75		5.21	.000		6.70		.00	
ANESTHESIA	5	5		500.00		100.00	.000		100.00		.01	
PERIODONTICS	195	296		50,326.25		170.02	.008		258.08		1.30	
ENDODONTICS	132	163		32,167.50		197.35	.004		243.69		.83	
RESTORATIVE DENTISTRY	969	2,179		183,769.75		84.34	.056		189.65		4.73	
PROSTHETICS	55	66		2,800.00		42.42	.002		50.91		.07	
DENTURES, STAYPLATES	183	411		54,714.02		133.12	.011		298.98		1.41	
SPACE MAINTAINERS	1	1		200.00		200.00	.000		200.00		.01	
MAXILLOFACIAL SERVICES	4	5		298.07		59.61	.000		74.52		.01	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	7	8		1,135.00		141.88	.000		162.14		.03	
ALL OTHER SERVICES	25	47		75.00		1.60	.001		3.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONT	H-OF-PAYMENT 1	REPORT	FOR JAN	2002 THRU	DEC	2002	PAG	E 6,306	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03	
MARIN COUNTY	SUMMARY OF SERVICES FOR	57 ALL	DISABLE	D								

MAKIN COONII	SOMMAKI OF SEK	VICES FOR 57 ALL	DISAL	, LED			M	ONTIT		CE	
20 010 HITGIDING	HORDO	INITES OF SERVICE	,		7. 7. 7.					-	
38,819 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
O O DEFONDED TOE	2.41	OR DAYS OF CARE		00 001 05		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	341	828	\$	,	\$		.021	Ş	64.78	\$	.57
DIAGNOSTIC AND ANC. PROCED	226	231		10,691.57		46.28	.006		47.31		.28
EYE APPLIANCES	177	560		9,874.38		17.63	.014		55.79		.25
OTHER OPTOMETRIC SERVICES	27	37		1,525.10		41.22	.001		56.49		.04
@CHIROPRACTOR	14	24	\$	387.90	Ş		.001	Ş	27.71	Ş	.01
VISITS	13	23		384.56		16.72	.001		29.58		.01
OTHER SERVICES	1	1		3.34		3.34	.000		3.34		.00
@PODIATRIST	437	627	\$	13,117.11	\$		.016	\$	30.02	\$	.34
MEDICINE/INJECTIONS	215	248		6,291.85		25.37	.006		29.26		.16
SURGERY/ANES.	24	27		1,080.99		40.04	.001		45.04		.03
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	230	347		5 <b>,</b> 657.77		16.30	.009		24.60		.15
@HOME HEALTH AGENCY	149	6 <b>,</b> 956	\$	203,280.39	\$	29.22	.179	\$	1364.30	\$	5.24
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	2	15	\$	126.15	\$	8.41	.000	\$	63.08	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	7	24	\$	207.07	\$	8.63	.001	\$	29.58	\$	.01
@TOTAL HOSPITAL	4,896	28,318	\$	4,273,333.44	\$	150.91	.729	\$	872.82	\$	110.08
HOSP INPATIENT TOTAL	544	4,469		3,535,873.76		791.20	.115		6499.77		91.09
HSC HOSPITALS	292	1,913		2,639,947.63		1380.00	.049		9040.92		68.01
NON-HSC HOSPITAL TOTAL	61	373		634,803.85		1701.89	.010		10406.62		16.35
ACCOMMODATIONS	60	373		206,734.36		554.25	.010		3445.57		5.33
ADMINISTRATIVE DAYS	32	208		45,238.77		217.49	.005		1413.71		1.17
TRANSITIONAL IP CARE	0	0		200.96		.00	.000		.00		.01
ALL OTHER ACCOM	29	165		161,294.63		977.54	.004		5561.88		4.16
ANCILLARIES	61	0		428,069.49		.00	.000		7017.53		11.03
INPATIENT CROSSOVERS	218	2,183		261,122.28		119.62	.056		1197.81		6.73
ALL OTHER INPATIENT	0	_,		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,543	23,849		737,459.68		30.92	.614		162.33		19.00
MEDICAL	1,359	2,390		86,234.48		36.08	.062		63.45		2.22
SURGERY	320	423		32,302.63		76.37	.011		100.95		.83
PATHOLOGY	1,161	6,432		75,412.40		11.72	.166		64.95		1.94
RADIOLOGY	922	1,403		128,367.78		91.50	.036		139.23		3.31
ROOM USE	1,536	2,393		112,090.58		46.84	.062		72.98		2.89
1.0011 001	1,000	2,333		112,000.00		10.01	.002		, 2 . 30		2.03

CROSSOVERS/ALL OTH OUTPTNT	2,616	10,808		303,051.81		28.04	.278	115.85		7.81
@COUNTY HOSPITAL TOTAL	87	431	\$	50,046.53	\$	116.12	.011	\$ 575.25	\$	1.29
CO HOSPITAL INPATIENT TOTAL	8	109		40,023.92		367.19	.003	5002.99		1.03
HSC HOSPITALS	5	27		31,795.00		1177.59	.001	6359.00		.82
NON-HSC HOSPITALS TOTAL	1	15		5,812.92		387.53	.000	5812.92		.15
ACCOMMODATIONS	1	15		3,621.48		241.43	.000	3621.48		.09
ADMINISTRATIVE DAYS	1	15		3,571.54		238.10	.000	3571.54		.09
TRANSITIONAL IP CARE	0	0		49.94		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		2,191.44		.00	.000	2191.44		.06
INPATIENT CROSSOVERS	3	67		2,416.00		36.06	.002	805.33		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	80	322		10,022.61		31.13	.008	125.28		.26
MEDICAL	26	31		1,167.50		37.66	.001	44.90		.03
SURGERY	6	8		187.83		23.48	.000	31.31		.00
PATHOLOGY	30	115		1,727.17		15.02	.003	57.57		.04
RADIOLOGY	20	39		3,297.80		84.56	.001	164.89		.08
ROOM USE	52	61		2,740.04		44.92	.002	52.69		.07
CROSSOVERS/ALL OTH OUTPTNT	30	68		902.27		13.27	.002	30.08		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	JRES MONTH-	OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PAGI	E 6,307
MOP024	FEE-FOR-SERVICE/DENTAL								(	01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	57 ALI	L DISABLED							

----- MONTHLY AVERAGE -----

38,819 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS'		S COST PER	-	COST PER
30,013 HIIGIBIES	00210	OR DAYS OF CARE			PER UNIT/DA		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,821	27,887	\$	4,223,286.91	\$ 151.44	.718			108.79
COMM HOSP INPATIENT TOTAL	536	4,360	·	3,495,849.84	801.80	.112	6522.11	·	90.06
HSC HOSPITALS	287	1,886		2,608,152.63	1382.90	.049	9087.64		67.19
NON-HSC HOSPITALS TOTAL	60	358		628,990.93	1756.96	.009	10483.18		16.20
ACCOMMODATIONS	59	358		203,112.88	567.35	.009	3442.59		5.23
ADMINISTRATIVE DAYS	31	193		41,667.23	215.89	.005	1344.10		1.07
TRANSITIONAL IP CARE	0	0		151.02	.00	.000	.00		.00
ALL OTHER ACCOM	29	165		161,294.63	977.54	.004	5561.88		4.16
ANCILLARIES	60	0		425,878.05	.00	.000	7097.97		10.97
INPATIENT CROSSOVERS	215	2,116		258,706.28	122.26	.055	1203.29		6.66
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,475	23 <b>,</b> 527		727,437.07	30.92	.606	162.56		18.74
MEDICAL	1,335	2 <b>,</b> 359		85 <b>,</b> 066.98	36.06	.061	63.72		2.19
SURGERY	314	415		32,114.80	77.39	.011	102.28		.83
PATHOLOGY	1,133	6 <b>,</b> 317		73,685.23	11.66	.163	65.04		1.90
RADIOLOGY	906	1,364		125,069.98	91.69	.035	138.05		3.22
ROOM USE	1,489	2,332		109,350.54	46.89	.060	73.44		2.82
CROSSOVERS/ALL OTH OUTPTNT	2,589	10,740		302,149.54	28.13	.277	116.71		7.78
@STATE HOSPITAL	3	42	\$	22,860.26	\$ 544.29	.001	\$ 7620.09	\$	.59
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	3	42		22,860.26	544.29	.001	7620.09		.59
@NURSING FACILITY	853	26 <b>,</b> 997	\$	3,439,943.57	\$ 127.42	.695	\$ 4032.76	\$	88.61
LEV A-INTERMEDIATE	16	582		34,850.85	59.88	.015	2178.18		.90
LEV B-REHAB MD	200	8,046		897,249.68	111.51	.207	4486.25		23.11
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	21	703		332,113.90	472.42	.018	15814.95		8.56
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	620	17 <b>,</b> 666		2,175,729.14	123.16	.455	3509.24		56.05
@INTERMEDIATE CARE FACILDD	632	20,590	\$	2,819,254.14	\$ 136.92	.530	\$ 4460.85	\$	72.63
ICF DDH	632	20,590		2,819,254.14	136.92	.530	4460.85		72.63
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	153	1,212	\$	135,120.33	\$	111.49	.031	\$	883.14	\$	3.48
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	153	1,212		135,120.33		111.49	.031		883.14		3.48
@REHABILITATION FACILITY	90	777	\$	12,657.59	\$	16.29	.020	\$	140.64	\$	.33
HOSPITAL BASED	12	40		1,156.89		28.92	.001		96.41		.03
INDEPENDENT FACILITY	78	737		11,500.70		15.60	.019		147.44		.30
@LABORATORY FACILITY	2,475	14,534	\$	164,210.96	\$	11.30	.374	\$	66.35	\$	4.23
PATHOLOGY	2,429	14,460		160,312.68		11.09	.372		66.00		4.13
XO AND OTHERS	67	74		3,898.28		52.68	.002		58.18		.10
@ORGANIZED OUTPATIENT CLINIC	3 <b>,</b> 720	6 <b>,</b> 759	\$	501,706.67	\$	74.23	.174	\$	134.87	\$	12.92
CLINIC	711	1,684		38,622.51		22.93	.043		54.32		.99
SURGICENTER	15	27		2,707.52		100.28	.001		180.50		.07
HEROIN DETOX CLINIC	25	404		4,733.51		11.72	.010		189.34		.12
RURAL HEALTH CLINIC	3,083	4,644		455,643.13		98.11	.120		147.79		11.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	JRES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 6,308
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR 57 ALI	DIS	ABLED							

38,819 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 5,026 652,843 1,636,320.05 2.51 16.818 \$ 325.57 \$ 42.15 DURABLE MED. EQUIP. 363 1,888 244,395.12 129.45 .049 673.26 6.30 BLOOD BANK 0 0 .00 .00 .000 .00 .00 77 14,567.09 97.11 .004 HEARING AID DISPENSERS 150 189.18 .38 168.51 883 17,930 148,790.80 8.30 .462 MEDICAL TRANSPORTATION 475 6,924 96,199.39 13.89 .178 202.53 2.48 AMBULANCES/AIR TRANS OTHER TRANS 91 6,158 16,037.67 2.60 .159 176.24 .41 344 7.54 .125 OTHER SERVICES 4,848 36,553.74 106.26 108 306 5,378.12 17.58 .008 49.80 ACUPUNCTURE .14 3,855 2 .099 256,631.83 66.57 703.10 6.61 ADULT DAY HEALTH CARE CTR 2 55.00 GENETIC DISEASE TESTING 110.00 .000 55.00 .00 337 41.06 .181 855.91 IHMC, MODEL-NF, NF, AIDS, MSSP 288,440.34 7.43 0 .00 OCCUPATIONAL THERAPIST .00 .00 .000 24,379.21 OPTICIAN 646 1,915 12.73 .049 37.74 .63 PHYSICAL THERAPIST 7 49 849.43 17.34 .001 121.35 .02 51 935.43 18.34 42.52 .02 PORTABLE X-RAY .001 PROSTHETIST/ORTHOTISTS 94 261 32,767.17 125.54 .007 348.59 PROSTHETICS 240 31,339.89 130.58 .006 373.09 .81 21 10 1,427.28 ORTHOTICS 67.97 .001 142.73 .04 37 PSYCHOLOGIST 24 420.77 11.37 .001 17.53 .01 SPEECH AND AUDIOLOGY 917 3**,**768 148,257.17 39.35 .097 161.68 HOSPICE SERVICES 1,613 199,390.94 123.61 .042 3987.82 5.14 NONINST BIRTHING CENTERS Ω 0 .00 .00 .000 .00 .00 14,137 98,541.77 6.97 .364 255.29 LOCAL EDUCATION AGENCIES .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .000 .00 0 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 1,310 599,856 172,464.86 .29 15.453 131.65 4.44 5,346 \$ .138 \$ @CALIF. CHILDREN SERVICES\* 2,063,365.65 385.96 6177.74 \$ 53.15 @XOVER EXCLUDING STATE HOSP\*\* 4,674 50,597 847,808.68 16.76 1.303 \$ 181.39 21.84

MOP024

----- MONTHLY AVERAGE -----

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES M

THINCH COONTI	DOTHMING OF BEIN	VICED FOR SO THE	 LHO				
					MON	THLY AVERA	.GE
74,829 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	28,373	155 <b>,</b> 409	\$ 9,068,030.53	\$ 58.35	2.077 \$	319.60	\$ 121.18
@PHYSICIANS SERVICES	8,805	20,124	\$ 1,041,867.77	\$ 51.77	.269 \$	118.33	\$ 13.92
OUTPATIENT VISITS	6,003	7,699	289,878.46	37.65	.103	48.29	3.87
OFFICE VISITS	3,354	4,279	136,351.14	31.87	.057	40.65	1.82
HOME VISITS	6	8	394.49	49.31	.000	65.75	.01
EMERGENCY ROOM	2,763	3,139	141,052.54	44.94	.042	51.05	1.88
PREVENTIVE CARE	15	15	681.47	45.43	.000	45.43	.01
OB VISITS/COMPRE PERI	61	128	7,585.35	59.26	.002	124.35	.10
OTHER OUTPATIENT	117	130	3,813.47	29.33	.002	32.59	.05
INPATIENT VISITS	343	1,366	98 <b>,</b> 822.75	72.34	.018	288.11	1.32
HOSPITAL VISITS	327	1,068	52,346.62	49.01	.014	160.08	.70
CRITICAL CARE	45	287	46,208.63	161.01	.004	1026.86	.62
SNF/ICF/TRANS IP CARE	5	11	267.50	24.32	.000	53.50	.00
OPHTHALMOLOGICAL SERVICES	210	246	10,660.10	43.33	.003	50.76	.14
EXAMINATIONS	210	246	10,660.10	43.33	.003	50.76	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	599	2,403	282 <b>,</b> 835.65	117.70	.032	472.18	3.78
PRINCIPAL SURGEON	431	495	231,646.11	467.97	.007	537.46	3.10
ASSISTANT SURGEON	31	31	5 <b>,</b> 457.11	176.04	.000	176.04	.07
ANESTHESIOLOGIST	195	1 <b>,</b> 877	45,732.43	24.36	.025	234.53	.61
OUTPATIENT SURGERY	765	1,709	94,602.22	55.36	.023	123.66	1.26
PRINCIPAL SURGEON	669	878	75 <b>,</b> 647.03	86.16	.012	113.07	1.01
ASSISTANT SURGEON	2	2	284.29	142.15	.000	142.15	.00
ANESTHESIOLOGIST	137	829	18 <b>,</b> 670.90	22.52	.011	136.28	.25
DIALYSIS	5	6	1,607.46	267.91	.000	321.49	.02
PATHOLOGY	571	1,057	10,637.73	10.06	.014	18.63	.14
RADIOLOGY	2,182	3,002	105,362.86	35.10	.040	48.29	1.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	118	236	3,060.55	12.97	.003	25.94	.04
OTHER SERVICES/ALL X-OVERS	1,016	2,400	144,399.99	60.17	.032	142.13	1.93
@PHARMACY	11,827	28 <b>,</b> 952	\$ 1,438,428.11	\$ 49.68	.387	121.62	\$ 19.22
PRESCRIPTION DRUGS	11,697	25 <b>,</b> 596	1,398,805.00	54.65	.342	119.59	18.69
SNF/ICF	67	147	71,157.53	484.06	.002	1062.05	.95
OUTPATIENTS	11,654	25,449	1,327,647.47	52.17	.340	113.92	17.74
MEDICAL SUPPLIES	384	3,356	39,623.11	11.81	.045	103.19	.53
@DENTIST	3,881	14,019	\$ 457,974.65	\$ 32.67	.187	118.00	\$ 6.12
VISITS - DIAGNOSTIC	2,868	9,530	165,182.50	17.33	.127	57.60	2.21
ORAL SURGERY	410	674	38,727.75	57.46	.009	94.46	.52
DRUGS	102	113	2,459.75	21.77	.002	24.12	.03
ANESTHESIA	23	23	2,100.00	91.30	.000	91.30	.03
PERIODONTICS	72	75	10,881.25	145.08	.001	151.13	.15
ENDODONTICS	231	347	49,003.75	141.22	.005	212.14	.65
RESTORATIVE DENTISTRY	1,255	2,950	172,448.25	58.46	.039	137.41	2.30
PROSTHETICS	14	16	440.00	27.50	.000	31.43	.01
DENTURES, STAYPLATES	33	136	7,318.00	53.81	.002	221.76	.10
SPACE MAINTAINERS	15	17	1,560.00	91.76	.000	104.00	.02
MAXILLOFACIAL SERVICES	11	13	1,046.13	80.47	.000	95.10	.01
FRACTURES, DISLOCATIONS	3	3	105.00	35.00	.000	35.00	.00
ORTHODONTIC SERVICES	79	96	6,552.27	68.25	.001	82.94	.09
ALL OTHER SERVICES	18	26	150.00	5.77	.000	8.33	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 6,310
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

MARIN COUNTY

MARIN COUNTI	SUMMARI OF SER	VICES FOR JO ALL	LAMII	1100						
								HLY AVERA	GE	
74,829 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	/	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	343	789	\$	21,131.41	\$	26.78	.011	\$ 61.61	\$	.28
DIAGNOSTIC AND ANC. PROCED	295	295		13,832.85		46.89	.004	46.89		.18
EYE APPLIANCES	165	493		7,229.66		14.66	.007	43.82		.10
OTHER OPTOMETRIC SERVICES	1	1		68.90		68.90	.000	68.90		.00
@CHIROPRACTOR	10	21	\$	351.12	\$	16.72	.000	\$ 35.11	\$	.00
VISITS	10	21		351.12		16.72	.000	35.11		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	63	108	\$	3,469.35	\$	32.12	.001	\$ 55.07	\$	.05
MEDICINE/INJECTIONS	61	72		2,109.47		29.30	.001	34.58		.03
SURGERY/ANES.	9	12		134.00		11.17	.000	14.89		.00
RADIO./PATHOLOGY	6	10		176.44		17.64	.000	29.41		.00
OTHER	7	14		1,049.44		74.96	.000	149.92		.01
@HOME HEALTH AGENCY	272	518	\$	29,204.17	\$	56.38	.007	\$ 107.37	\$	.39
NURSE ANESTHESIST	1	15	\$	248.54	\$	16.57	.000	\$ 248.54	\$	.00
NURSE MIDWIFE	3	18	\$	672.09	\$	37.34	.000	\$ 224.03	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	6.38	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	4	9	\$	146.48	\$	16.28	.000	\$ 36.62	\$	.00
@TOTAL HOSPITAL	5 <b>,</b> 323	20,141	\$	3,966,954.37	\$	196.96	.269	\$ 745.25	\$	53.01
HOSP INPATIENT TOTAL	621	2,411		3,368,100.75		1396.97	.032	5423.67		45.01
HSC HOSPITALS	593	2,324		3,234,497.44		1391.78	.031	5454.46		43.23
NON-HSC HOSPITAL TOTAL	30	82		132,791.31		1619.41	.001	4426.38		1.77
ACCOMMODATIONS	30	82		57,390.81		699.89	.001	1913.03		.77
ADMINISTRATIVE DAYS	4	7		1,187.09		169.58	.000	296.77		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	27	75		56,203.72		749.38	.001	2081.62		.75
ANCILLARIES	30	0		75,400.50		.00	.000	2513.35		1.01
INPATIENT CROSSOVERS	1	5		812.00		162.40	.000	812.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	4,895	17,730		598,853.62	33.78	.237	122.34		8.00
MEDICAL	2,138	2,900		108,956.99	37.57	.039	50.96		1.46
SURGERY	379	509		22,164.20	43.54	.007	58.48		.30
PATHOLOGY	1,469	5,400		58,917.85	10.91	.072	40.11		.79
RADIOLOGY	1,517	1,914		139,768.64	73.02	.026	92.13		1.87
ROOM USE	2,465	3 <b>,</b> 190		134,572.35	42.19	.043	54.59		1.80
CROSSOVERS/ALL OTH OUTPINT	1,887	3,817		134,473.59	35.23	.051	71.26		1.80
@COUNTY HOSPITAL TOTAL	70	363	\$	33,880.88	\$ 93.34	.005 \$	484.01	\$	.45
CO HOSPITAL INPATIENT TOTAL	10	22		24,505.06	1113.87	.000	2450.51		.33
HSC HOSPITALS	10	22		24,505.06	1113.87	.000	2450.51		.33
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	63	341		9,375.82	27.50	.005	148.82		.13
MEDICAL	19	27		746.06	27.63	.000	39.27		.01
SURGERY	16	21		560.39	26.69	.000	35.02		.01
PATHOLOGY	32	161		2,972.62	18.46	.002	92.89		.04
RADIOLOGY	9	10		717.18	71.72	.000	79.69		.01
ROOM USE	39	69		3,280.27	47.54	.001	84.11		.04
CROSSOVERS/ALL OTH OUTPINT		53		1,099.30	20.74	.001	47.80		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE	6,311
MOP024	FEE-FOR-SERVICE/DEN	TAL						01	/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR 58 ALL	FAMI	LIES					

----- MONTHLY AVERAGE -----74,829 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,262 @COMMUNITY HOSPITAL TOTAL 19,778 3,933,073.49 \$ 198.86 .264 \$ 747.45 \$ 52.56 COMM HOSP INPATIENT TOTAL 612 2,389 3,343,595.69 1399.58 .032 5463.39 44.68 HSC HOSPITALS 2,302 3,209,992.38 1394.44 .031 5496.56 NON-HSC HOSPITALS TOTAL 30 82 132,791.31 1619.41 .001 4426.38 1.77 .001 30 57,390.81 699.89 1913.03 ACCOMMODATIONS .77 1,187.09 169.58 296.77 .02 ADMINISTRATIVE DAYS .000 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 75 56,203.72 749.38 .001 2081.62 .75 30 ANCILLARIES 0 75,400.50 .00 .000 2513.35 1.01 INPATIENT CROSSOVERS 1 5 812.00 162.40 .000 812.00 .01 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 4,841 17,389 589,477.80 33.90 .232 121.77 7.88 MEDICAL 2,121 2,873 108,210.93 37.66 .038 51.02 1.45 SURGERY 364 488 21,603.81 44.27 .007 .29 1,438 5,239 55,945.23 .070 38.90 .75 PATHOLOGY 10.68 1.86 RADIOLOGY 1,509 1,904 139,051.46 73.03 .025 92.15 2,433 3,121 131,292.08 42.07 .042 53.96 1.75 ROOM USE 133,374.29 35.43 71.48 CROSSOVERS/ALL OTH OUTPTNT 1,866 3,764 .050 1.78 @STATE HOSPITAL 0 0 .00 .00 .000 .00 .00 .00 MENTALLY ILL 0 0 .00 .000 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 .000 .00 348 42,509.64 122.15 .005 \$ 14169.88 .57 @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 .000 .00 LEV B-REHAB MD 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	348		42,509.64		122.15	.005		14169.88		.57
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	443	\$	13,631.75	\$	30.77	.006	\$	1514.64	\$	.18
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	443		13,631.75		30.77	.006		1514.64		.18
@REHABILITATION FACILITY	21	235	\$	3,408.44	\$	14.50	.003	\$	162.31	\$	.05
HOSPITAL BASED	0	1CR		7.58		7.58CR	.000		.00		.00
INDEPENDENT FACILITY	21	236		3,400.86		14.41	.003		161.95		.05
@LABORATORY FACILITY	3 <b>,</b> 577	13,267	\$	182,917.37	\$	13.79	.177	\$	51.14	\$	2.44
PATHOLOGY	3 <b>,</b> 563	13,247		181,346.92		13.69	.177		50.90		2.42
XO AND OTHERS	18	20		1,570.45		78.52	.000		87.25		.02
@ORGANIZED OUTPATIENT CLINIC	9,191	27,335	\$	1,645,944.14	\$	60.21	.365	\$	179.08	\$	22.00
CLINIC	2,694	16,284		309,888.43		19.03	.218		115.03		4.14
SURGICENTER	3	13		379.96		29.23	.000		126.65		.01
HEROIN DETOX CLINIC	6	78		899.46		11.53	.001		149.91		.01
RURAL HEALTH CLINIC	6 <b>,</b> 880	10,960		1,334,776.29		121.79	.146		194.01		17.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU:	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 200	)2 THRU	DEC	2002	P.	AGE 6,312
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									01/17/03
MARIN COUNTY	SUMMARY OF SERVICES F	OR 58 ALL	FAI	MILIES							

----- MONTHLY AVERAGE -----74,829 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,238 .388 \$ 97.93 \$ @ALL OTHER PROVIDERS 29,067 \$ 219,164.75 7.54 2.93 133 197 18,236.82 92.57 .003 137.12 DURABLE MED. EQUIP. .24 BLOOD BANK 0 0 .00 .00 .000 .00 .00 13 57 8,184.24 .001 629.56 HEARING AID DISPENSERS 143.58 .11 251 2,622 59,681.00 22.76 237.77 MEDICAL TRANSPORTATION .035 .80 249 16.67 174.38 2,605 43,419.87 AMBULANCES/AIR TRANS .035 .58 6.61 19.84 OTHER TRANS 19.84 6.61 1160.09 18.34 .00 84.51 .00 .00 11.41 19.35 .00 149.02 152.19 .000 16,241.29 OTHER SERVICES 10 14 .000 1624.13 .22 72 0 229 .06 4,200.83 .003 58.34 ACUPUNCTURE ADULT DAY HEALTH CARE CTR .00 .000 .00 193 195 16,480.00 85.39 GENETIC DISEASE TESTING .003 .22 0 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 OPTICIAN 498 1,335 15,231.11 .018 30.58 .20 PHYSICAL THERAPIST 116.09 .000 38.70 .00 PORTABLE X-RAY 0 0 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 64 169 25,183.57 .002 393.49 .34 162 PROSTHETICS 24,655.04 152.19 .002 425.09 7 528.53 75.50 .000 88.09 ORTHOTICS .01 29 1,870.76 .000 PSYCHOLOGIST 64.51 467.69 .03 53.22 SPEECH AND AUDIOLOGY 1,490.21 .000 114.63 .02 5 1 163.71 HOSPICE SERVICES 818.55 .000 818.55 .01 1,007.23 1007.23 1007.23 NONINST BIRTHING CENTERS .000 .01 994 6,150 63,455.38 10.32 .082 63.84 LOCAL EDUCATION AGENCIES .00 0 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 18,044 128.36 ALL OTHER PROVIDERS 3,208.96 .18 .241 .04 @CALIF. CHILDREN SERVICES\* 3,257 806,603.31 \$ 247.65 .044 \$ 2577.01 \$ 10.78 @XOVER EXCLUDING STATE HOSP\*\* 70 236 \$ 17,223.90 \$ 72.98 .003 \$ 246.06 \$ .23

01/17/03

----- MONTHLY AVERAGE -----

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,313 MOP024 FEE-FOR-SERVICE/DENTAL

MARIN COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

						ITLI AVERA	
3,531 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
QMOMAL ALL DROUTDERS	1 250	OR DAYS OF CARE	E04 E00 C3	PER UNIT/DAY \$ 38.24	3.737 \$	USER 371.58	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,358 418	13,194 \$ 1,041 \$	504,599.63		.295 \$		
@PHYSICIANS SERVICES			45,879.97				
OUTPATIENT VISITS	292	360	14,603.79	40.57	.102	50.01	4.14
OFFICE VISITS	173	208	6,900.54	33.18	.059	39.89	1.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	123	136	6,960.92	51.18	.039	56.59	1.97
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	2	2	272.66	136.33	.001	136.33	.08
OTHER OUTPATIENT	13	13	432.28	33.25	.004	33.25	.12
INPATIENT VISITS	30	105	6,059.11	57.71	.030	201.97	1.72
HOSPITAL VISITS	13	56	3,202.46	57.19	.016	246.34	.91
CRITICAL CARE	1	7	1,052.59	150.37	.002	1052.59	.30
SNF/ICF/TRANS IP CARE	17	42	1,804.06	42.95	.012	106.12	.51
OPHTHALMOLOGICAL SERVICES	11	16	590.42	36.90	.005	53.67	.17
EXAMINATIONS	11	16	590.42	36.90	.005	53.67	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	90	7,144.41	79.38	.025	595.37	2.02
PRINCIPAL SURGEON	10	12	5,839.98	486.67	.003	584.00	1.65
ASSISTANT SURGEON	0	<u> </u>	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	78	1,304.43	16.72	.022	434.81	.37
OUTPATIENT SURGERY	39	114	7,806.28	68.48	.032	200.16	2.21
PRINCIPAL SURGEON	31	42	6,027.09	143.50	.012	194.42	1.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	72	1,779.19	24.71	.020	222.40	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	25	32	278.30	8.70	.009	11.13	.08
	90	148	6,167.48	41.67		68.53	1.75
RADIOLOGY	90	148	•		.042		
PSYCHIATRY	2	-	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		2	32.31	16.16	.001	16.16	.01
OTHER SERVICES/ALL X-OVERS	54	174	3,197.87	18.38	.049	59.22	.91
@PHARMACY	572	6,932 \$	107,850.53	\$ 15.56	1.963 \$		
PRESCRIPTION DRUGS	554	1,296	101,610.61	78.40	.367	183.41	28.78
SNF/ICF	39	272	21,681.25	79.71	.077	555.93	6.14
OUTPATIENTS	517	1,024	79 <b>,</b> 929.36	78.06	.290	154.60	22.64
MEDICAL SUPPLIES	46	5,636	6,239.92	1.11	1.596	135.65	1.77
@DENTIST	177	614 \$	16,693.00	\$ 27.19	.174 \$		
VISITS - DIAGNOSTIC	130	439	7,824.00	17.82	.124	60.18	2.22
ORAL SURGERY	17	53	2,667.00	50.32	.015	156.88	.76
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.08
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	3	472.00	157.33	.001	157.33	.13
RESTORATIVE DENTISTRY	44	100	4,000.00	40.00	.028	90.91	1.13
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
21100 1111111111110	· ·	Ŭ	.00	• • • •	• 0 0 0	• 0 0	• 0 0

MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00		.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	9	11	1,380.00	125.45	.003	153.33		.39
ALL OTHER SERVICES	3	3	.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE	6,314
MOP024	FEE-FOR-SERVICE/DENTA	L					01/	17/03
MARIN COUNTY	SUMMARY OF SERVICES F	OR 59 ALL MEI	DICALLY INDIGENT					

PARTIN COUNTY	SOPPART OF SER	WICES FOR 35 ALL	1411111	CABBI INDIGENI			Mo	חער	THLY AVERA	GE.	
3,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		ERAGE COST	UNITS/DAY		COST PER USER	.01	COST PER ELIGIBLE
@OPTOMETRIST	19	44	\$	1,478.01	\$	33.59	.012	\$		\$	.42
DIAGNOSTIC AND ANC. PROCED	17	17	·	779.94	·	45.88	.005	·	45.88		.22
EYE APPLIANCES	11	26		629.17		24.20	.007		57.20		.18
OTHER OPTOMETRIC SERVICES	1	1		68.90		68.90	.000		68.90		.02
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	8	13	\$	686.74	\$	52.83		\$	85.84	\$	.19
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	275	1,252	\$	113,292.76	\$	90.49	.355	\$	411.97	\$	32.09
HOSP INPATIENT TOTAL	17	53		72 <b>,</b> 891.47		1375.31	.015		4287.73		20.64
HSC HOSPITALS	15	47		63,745.06		1356.28	.013		4249.67		18.05
NON-HSC HOSPITAL TOTAL	2	6		9,146.41		1524.40	.002		4573.21		2.59
ACCOMMODATIONS	2	6		4,224.51		704.09	.002		2112.26		1.20

ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.21
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	266	1,199	40,401.29	33.70	.340	151.88	11.44
MEDICAL	119	146	7,029.13	48.14	.041	59.07	1.99
SURGERY	17	18	999.19	55.51	.005	58.78	.28
PATHOLOGY	87	567	6,272.07	11.06	.161	72.09	1.78
RADIOLOGY	84	144	15,408.80	107.01	.041	183.44	4.36
ROOM USE	148	190	7,965.87	41.93	.054	53.82	2.26
CROSSOVERS/ALL OTH OUTPINT	78	134	2,726.23	20.35	.038	34.95	.77
@COUNTY HOSPITAL TOTAL	9	41 \$	865.46	\$ 21.11	.012 \$	96.16	\$ .25
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	41	865.46	21.11	.012	96.16	.25
MEDICAL	5	6	156.56	26.09	.002	31.31	.04
SURGERY	2	2	68.18	34.09	.001	34.09	
PATHOLOGY	4	20	333.27	16.66	.006	83.32	.09
RADIOLOGY	1	1	16.59	16.59	.000	16.59	.00
ROOM USE	4	5	192.21	38.44	.001	48.05	.05
CROSSOVERS/ALL OTH OUTPTNT		7	98.65	14.09	.002	24.66	.03
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT REF	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,315
MOP024	FEE-FOR-SERVICE						01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 59 ALL MED	ICALLY INDIGENT				
					MON		-
3,531 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	267	1,211 \$		\$ 92.84	.343 \$		
COMM HOSP INPATIENT TOTAL	17	53	72,891.47	1375.31	.015	4287.73	20.64
HSC HOSPITALS	15	47	63,745.06	1356.28	.013	4249.67	18.05
NON-HSC HOSPITALS TOTAL	2	6	9,146.41	1524.40	.002	4573.21	2.59
ACCOMMODATIONS	2	6	4,224.51	704.09	.002	2112.26	1.20

3,531 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	267	1,211 \$	112,427.30	\$ 92.84	.343 \$	421.08	\$ 31.84
COMM HOSP INPATIENT TOTAL	17	53	72,891.47	1375.31	.015	4287.73	20.64
HSC HOSPITALS	15	47	63,745.06	1356.28	.013	4249.67	18.05
NON-HSC HOSPITALS TOTAL	2	6	9,146.41	1524.40	.002	4573.21	2.59
ACCOMMODATIONS	2	6	4,224.51	704.09	.002	2112.26	1.20
ADMINISTRATIVE DAYS	0	0	31.29CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	4,255.80	709.30	.002	2127.90	1.21
ANCILLARIES	2	0	4,921.90	.00	.000	2460.95	1.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	258	1 <b>,</b> 158	39,535.83	34.14	.328	153.24	11.20
MEDICAL	114	140	6 <b>,</b> 872.57	49.09	.040	60.29	1.95
SURGERY	15	16	931.01	58.19	.005	62.07	.26
PATHOLOGY	83	547	5 <b>,</b> 938.80	10.86	.155	71.55	1.68
RADIOLOGY	83	143	15,392.21	107.64	.040	185.45	4.36
ROOM USE	144	185	7,773.66	42.02	.052	53.98	2.20
CROSSOVERS/ALL OTH OUTPINT	75	127	2,627.58	20.69	.036	35.03	.74
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	580	\$	115,030.42	\$	198.33	.164	\$	6054.23	\$	32.58
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	78		9,432.54		120.93	.022		4716.27		2.67
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	101		55,868.15		553.15	.029		18622.72		15.82
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	401		49,729.73		124.01	.114		3552.12		14.08
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	26	322	\$	4,621.76	\$	14.35	.091	\$	177.76	\$	1.31
HOSPITAL BASED	2	3		118.13		39.38	.001		59.07		.03
INDEPENDENT FACILITY	24	319		4,503.63		14.12	.090		187.65		1.28
@LABORATORY FACILITY	130	342	\$	6,054.28	\$	17.70	.097	\$	46.57	\$	1.71
PATHOLOGY	130	342		6,054.28		17.70	.097		46.57		1.71
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	306	876	\$	53 <b>,</b> 799.66	\$	61.42	.248	\$	175.82	\$	15.24
CLINIC	93	507		10,604.55		20.92	.144		114.03		3.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	12		166.09		13.84	.003		166.09		.05
RURAL HEALTH CLINIC	221	357		43,029.02		120.53	.101		194.70		12.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT	r for Jan 20	002 THRU	DEC	2002	PA	GE 6,316
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	59 ALI	LMED	CALLY INDIGENT							

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER 3,531 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .334 \$ 299.33 \$ @ALL OTHER PROVIDERS 131 1,178 39,212.50 \$ 33.29 11.11 121.98 223.63 DURABLE MED. EQUIP. 6 11 1,341.79 .003 .38 0 BLOOD BANK Ω .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 27 6,985.36 MEDICAL TRANSPORTATION 432 16.17 .122 258.72 1.98 AMBULANCES/AIR TRANS 310 4,627.15 14.93 .088 192.80 1.31 121 OTHER TRANS 558.21 4.61 .034 139.55 .16 1800.00 OTHER SERVICES 1 1,800.00 .000 1800.00 .51 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 580.00 96.67 .002 96.67 .16 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 56 9.84 23.96 OPTICIAN 551.15 .016 .16 62.89 20.96 31.45 PHYSICAL THERAPIST .001 .02 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 17 PROSTHETIST/ORTHOTISTS 2,696.97 158.65 .005 449.50 .76 PROSTHETICS 17 2,696.97 158.65 .005 449.50 .76 0 .00 .00 .000 .00 .00 ORTHOTICS 0 .00 .00 .000 .00 .00 PSYCHOLOGIST 28 SPEECH AND AUDIOLOGY 5,734.51 204.80 .008 819.22 1.62 152 HOSPICE SERVICES 17,988.49 118.35 .043 2569.78 5.09 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	48	469	3,219.42	6.86	.133	67.07	.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	51.92	12.98	.001	51.92	.01
@CALIF. CHILDREN SERVICES*	82	963	\$ 87,852.73	\$ 91.23	.273	\$ 1071.37	\$ 24.88
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,317 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL										01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	AL D	IALYSIS		AID COI	-				
								M			-	
05 ELIGIBLES	USERS	UNITS OF	-		EXPENDI	TURES		UNITS/DAY	-	COST PER		COST PER
		OR DAYS					UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7		940	\$		160.41	\$ 28.15	188.000				5292.08
@PHYSICIANS SERVICES	4		7	\$	1,5	543.78	\$ 220.54	1.400	\$		\$	308.76
OUTPATIENT VISITS	0		0			.00	.00	.000		.00		.00
OFFICE VISITS	0		0			.00	.00	.000		.00		.00
HOME VISITS	0		0			.00	.00	.000		.00		.00
EMERGENCY ROOM	0		0			.00	.00	.000		.00		.00
PREVENTIVE CARE	0		0			.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00	.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.00	.00	.000		.00		.00
INPATIENT VISITS	0		0			.00	.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00	.00	.000		.00		.00
CRITICAL CARE	0		0			.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00	.00	.000		.00		.00
EXAMINATIONS	0		0			.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00	.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00	.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00	.00	.000		.00		.00
DIALYSIS	4		7		1,5	543.78	220.54	1.400		385.95		308.76
PATHOLOGY	0		0			.00	.00	.000		.00		.00
RADIOLOGY	0		0			.00	.00	.000		.00		.00
PSYCHIATRY	0		0			.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00	.00	.000		.00		.00
@PHARMACY	5		18	\$	1,3	379.64	\$ 76.65	3.600	\$	275.93	\$	275.93
PRESCRIPTION DRUGS	5		18		1,3	379.64	76.65	3.600		275.93		275.93
SNF/ICF	0		0			.00	.00	.000		.00		.00
OUTPATIENTS	5		18		1,3	379.64	76.65	3.600		275.93		275.93
MEDICAL SUPPLIES	0		0			.00	.00	.000		.00		.00
@DENTIST	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0			.00	.00	.000		.00		.00
ORAL SURGERY	0		0			.00	.00	.000		.00		.00
DRUGS	0		0			.00	.00	.000		.00		.00
ANESTHESIA	0		0			.00	.00	.000		.00		.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	ס אור באבאורותוום מווהבעונים איי	FS MONTH-OF					DΔ	GE 6,318
MOP024	FEE-FOR-SERVICE/		ILO IIIVION CEL	I AIMBINI KI	SIONI FON OAN	2002 IIIKO D	EC 2002	IA	01/17/03
MARIN COUNTY	SUMMARY OF SERVI		L DIALYSIS		AID CO	DES			01/1//05
THINCH COONT	BOHHIKI OI BEKVI	SECTION OF NEWS	LE DIMETOIO		TIID CO.		NTHLY AVERA	GE -	
05 ELIGIBLES	USERS	JNITS OF SERVICE	EXE	PENDITURES	AVERAGE COST				OST PER
**	0.0	OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	·	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	n	0		0.0	0.0	000	0.0		0.0

ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 0 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL MEDICAL 0 .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 0 .00 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 0 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 NON-HSC HOSPITALS TOTAL 0 .00 .000 .00 .00 .00

.00

.00

.000

.00

.00

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES MONTH-O	F-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,319	
MOP024	FEE-FOR-SERVICE/	DENTAL						01/17/03	
								01/1//05	
MARIN COUNTY	SUMMARY OF SERVI	CES FOR 60 REN	AL DIALYSIS		AID COD	DES		01/17/03	
		CES FOR 60 REN.				MON	ITHLY AVERA	GE	
MARIN COUNTY  05 ELIGIBLES		UNITS OF SERVIC	E EX	PENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER	
			E EX	PENDITURES		MON		GE	
		UNITS OF SERVIC	E EX	PENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER USER	GE COST PER	
05 ELIGIBLES		UNITS OF SERVIC	E EX	.00	AVERAGE COST PER UNIT/DAY \$ .00	MON UNITS/DAYS PER ELIG	COST PER USER .00	GE COST PER ELIGIBLE \$ .00	
05 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL  HSC HOSPITALS		UNITS OF SERVIC	E EX	.00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00 .00	
05 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITALS TOTAL		UNITS OF SERVIC	E EX	.00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00	GE COST PER ELIGIBLE \$ .00	
05 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS		UNITS OF SERVIC	E EX	.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00	
05 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		UNITS OF SERVIC	E EX	.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00	
05 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE		UNITS OF SERVIC	E EX	.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00	
05 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		UNITS OF SERVIC	E EX	.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00	

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

0

0

0

0

0

0

0

0

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

171111011001	O		0		• 0 0		• 0 0	.000		.00		• 0 0
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	Ġ	.00	Ġ	.00
ICF DDH	0		0	Υ	.00	۲	.00	.000	Υ	.00	7	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6		891	\$	23,258.85	Ċ	26.10	178.200	Ċ		Ċ	
HOSPITAL BASED	0	(	0	Ą	.00	۲	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	6		891		23,258.85		26.10	178.200		3876.48		4651.77
	0	(	0	\$	•	\$		.000	ċ	.00	ċ	.00
@REHABILITATION FACILITY	0			Ş	.00	Ą	.00		Ş		Ş	
HOSPITAL BASED	U		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	<u>^</u>	.00	<b>^</b>	.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	6		24	\$	278.14	\$	11.59	4.800	Ş		Ş	55.63
PATHOLOGY	6		24		278.14		11.59	4.800		46.36		55.63
XO AND OTHERS	0		0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	Ş	.00	.000	Ş	.00	Ş	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		NDITURE	ES MONT	H-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 6,320
MOP024	FEE-FOR-SERVICE											01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 60	O RENAI	L DIALY	SIS		AID CO					
										HLY AVERA		
05 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF						PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		Ö		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
,	-		-									

0

.00

.000

.00

.00

.00

0

SURGERY

PATHOLOGY

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,321 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

MARIN COUNTI	SUMMARI OF SERV	LICES FOR OI TOTAL PA	ARENIERAL NUIRIIION	AID COL			_
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$		\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000 \$	.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PAYMENT REP	ORT FOR JAN 200	2 THRU DEC	2002	PAGE 6,322
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES			

----- MONTHLY AVERAGE -----

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$ .00 \$ .00 .000 \$ .00 \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 EYE APPLIANCES .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 .00 VISITS Ω . 00 OTHER SERVICES .00 .00 .00 Ω .00 \$ .00 .000 \$ .00 \$ .00 @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 .000 SURGERY/ANES. 0 .00 .00 .00 RADIO./PATHOLOGY .00 .00 .00 .00 .00 .000 OTHER .00 .00 @HOME HEALTH AGENCY Ω 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 \$ Ω .00 \$ .00 .000 \$ .00 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 \$ .00 .000 \$ .00 \$ .00 0 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER .00 \$ .00 .00 @TOTAL HOSPITAL .00 \$ .00 .000 \$ .00 \$ .00 .00 HOSP INPATIENT TOTAL 0 .00 .000 .00 .00 .0\ .000 .000 .000 .000 .000 .000 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL 0 .00 .00 .00 ACCOMMODATIONS .00 . 00 . 00 .00 .00 ADMINISTRATIVE DAYS .00 0 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 .00 .00 .00 .000 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 Ω .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 MEDICAL .00 .00 .00 .00 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 .00 RADIOLOGY .000 0 .00 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC 2	2002 I	PAGE 6,323
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CO	DDES		
					MONTHI	Y AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S (	COST PER	C	OST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00

ICF DDN/DDCN	N		Ο		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	Τ	.00	т	.00	.000	т	.00	Ψ	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	Τ	.00	т	.00	.000	т	.00	Ψ	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0		0		.00	·	.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	6,324
MOP024	FEE-FOR-SERVICE/D	ENTAL									0.2	1/17/03
MOP024 MARIN COUNTY	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE		61 TOTA	L PAR	ENTERAL NUTRITION		AID CO	DES			0.1	1/17/03
			61 TOTA	L PAR	ENTERAL NUTRITION		AID CO		ONT	HLY AVERA		1/17/03
	SUMMARY OF SERVICE	ES FOR	61 TOTA		ENTERAL NUTRITION EXPENDITURES					HLY AVERA	GE	1/17/03  F PER
MARIN COUNTY	SUMMARY OF SERVICE USERS U	ES FOR				AVE	RAGE COST UNIT/DAY	M UNITS/DAY PER ELIG	S	COST PER USER	GE	
MARIN COUNTY	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE			AVE	RAGE COST	M UNITS/DAY	S	COST PER USER .00	GE	 I PER
MARIN COUNTY  00 ELIGIBLES	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES	AVE	RAGE COST UNIT/DAY	M UNITS/DAY PER ELIG	S	COST PER USER	GE COST ELIC	 I PER GIBLE
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES .00	AVE	RAGE COST UNIT/DAY .00	M UNITS/DAY PER ELIG .000	S	COST PER USER .00	GE COST ELIC	F PER GIBLE
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00	GE COST ELIC	F PER GIBLE .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00 .00	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MARIN COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,325 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

					MON'	THLY AVERAGI	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU DEC	2002	PAGE 6,326
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56 MARIN COUNTY ----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$ .00 \$ .00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY 0 .00 \$ .00 .000 \$ .00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 \$ .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL .00 .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT REPO	RT FOR JAN 20	02 THRU DEC	2002	PAGE	6 <b>,</b> 327
MOP024	FEE-FOR-SERVICE/DENTAL							01	/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	AID	CODES 51 52 5	6			
					-	MONT	HLY AVERAG	E	

					MON	ILLI AVEKA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000				.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$		\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
	PENDITU	RES MONTH-	OF-PAYMENT RE	PORT F	OR JAN 2002	2 THRU	DEC	2002	PAGE	6 <b>,</b> 328
FEE-FOR-SERVICE/DENTAL									01	1/17/03
SUMMARY OF SERVICES FOR	62 IRCA	A ALIENS	AI	D CODE:	S 51 52 56					
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 00 00 00 00 00 00 00 00 00 00 00	0 0 0 00 00 000 000 000 000 000 000 00	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0

						MONT	THLY AVERAGE	·
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	5	.00	\$ .00	.000 \$	.00	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	\$	.00	\$ .00	.000 \$	.00	.00

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,329 MOP024

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F MARIN COUNTY

					MO	NTHLY AVERA	GE
3,835 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0,000 22101222	00210	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,066	19,019 \$	1,881,358.40	\$ 98.92	4.959		
@PHYSICIANS SERVICES	870	2,956 \$	201,064.61	•	.771		·
OUTPATIENT VISITS	228	277	16,410.46	59.24	.072	71.98	4.28
OFFICE VISITS	23	32	1,572.46	49.14	.008	68.37	.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	198	222	13,695.53	61.69	.058	69.17	3.57
PREVENTIVE CARE	0	0	10.49	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	22	1,112.78	50.58	.006	139.10	.29
OTHER OUTPATIENT	1	1	19.20	19.20	.000	19.20	.01
INPATIENT VISITS	110	483	32,887.82	68.09	.126	298.98	8.58
HOSPITAL VISITS	107	410	20,111.04	49.05	.107	187.95	5.24
CRITICAL CARE	9	73	12,776.78	175.02	.019	1419.64	3.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	179	684	86,001.83	125.73	.178	480.46	22.43
PRINCIPAL SURGEON	136	153	72,451.62	473.54	.040	532.73	18.89
ASSISTANT SURGEON	6	6	968.92	161.49	.002	161.49	.25
ANESTHESIOLOGIST	51	525	12,581.29	23.96	.137	246.69	3.28
OUTPATIENT SURGERY	128	293	14,518.03	49.55	.076	113.42	3.79
PRINCIPAL SURGEON	113	201	12,252.69	60.96	.052	108.43	3.19

ASSISTANT SURGEON	0	0	.00	)	.00	.000	.00		.00
ANESTHESIOLOGIST	19	92	2,265.34	1	24.62	.024	119.23		.59
DIALYSIS	7	26	2,562.69	9	98.57	.007	366.10		.67
PATHOLOGY	17	50	602.75	5	12.06	.013	35.46		.16
RADIOLOGY	451	639	22,317.26	5	34.93	.167	49.48		5.82
PSYCHIATRY	0	0	.00	)	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	5	13	83.20	)	6.40	.003	16.64		.02
OTHER SERVICES/ALL X-OVERS	186	490	25,634.13	3	52.31	.128	137.82		6.68
@PHARMACY	655	1,895 \$	115,871.55	5 \$	61.15	.494 \$	176.90	\$ 3	30.21
PRESCRIPTION DRUGS	635	1,668	103,627.68	3	62.13	.435	163.19	4	27.02
SNF/ICF	4	17	4,389.61	L	258.21	.004	1097.40		1.14
OUTPATIENTS	634	1 <b>,</b> 651	99,238.07	7	60.11	.431	156.53	4	25.88
MEDICAL SUPPLIES	67	227	12,243.87		53.94	.059	182.74		3.19
@DENTIST	20	37 \$			10.03	.010 \$	18.55	\$	.10
VISITS - DIAGNOSTIC	20	33	288.00		8.73	.009	14.40		.08
ORAL SURGERY	3	3	83.00	)	27.67	.001	27.67		.02
DRUGS	1	0	.00	)	.00	.000	.00		.00
ANESTHESIA	0	0	.00	)	.00	.000	.00		.00
PERIODONTICS	0	0	.00	)	.00	.000	.00		.00
ENDODONTICS	1	1	.00	)	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	2CR	.00	)	.00	.001CR	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	2	.00	)	.00	.001	.00		.00
SPACE MAINTAINERS	1	0	.00	)	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	)	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	)	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	)	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	6 <b>,</b> 330

01/17/03

							M	CNO	HLY AVERA	GE	
3,835 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	81	213	\$	13,118.97	\$	61.59	.056	\$	161.96	\$	3.42
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	4	68	\$	1,103.50	\$	16.23	.018	\$	275.88	\$	.29
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	536	2 <b>,</b> 415	\$	1,294,219.89	\$	535.91	.630	\$	2414.59	\$	337.48
HOSP INPATIENT TOTAL	199	895		1,251,988.71		1398.87	.233		6291.40		326.46
HSC HOSPITALS	189	854		1,197,361.37		1402.06	.223		6335.25		312.22
NON-HSC HOSPITAL TOTAL	11	41		54,627.34		1332.37	.011		4966.12		14.24
ACCOMMODATIONS	11	41		35,330.23		861.71	.011		3211.84		9.21

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

FEE-FOR-SERVICE/DENTAL

MOP024

MARIN COUNTY

7 NCTTT 7 DTDC	11	0	19,297.11	.00	.000	1754.28	5.03
ANCILLARIES	0	0	19,297.11	.00 .00 .00 27.78 41.30 30.16 10.17 65.22 42.22 17.00 \$ 92.67 1100.00 1100.00	.000	1734.28 .00 .00 106.91 57.10 50.70 36.09 88.05 53.97 31.59	.00
INPATIENT CROSSOVERS	0	0 0 1,520 159	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	205	1 520	.00	.00	.000	106.01	.00
HOSP OUTPATIENT TOTAL	395	1,520	42,231.18	27.78	.396	106.91	11.01
MEDICAL	115	159	6,566.87	41.30	.041	57.10	1.71
SURGERY	47	79	2,382.67	30.16	.021	50.70	.62
PATHOLOGY	166	589	5,990.95	10.1/	.154	36.09	1.56
RADIOLOGY	160	216	14,087.81	65.22	.056	88.05	3.67
ROOM USE CROSSOVERS/ALL OTH OUTPINT	158	202	8,527.90	42.22	.053	53.97	2.22
CROSSOVERS/ALL OTH OUTPINT	148	275	4,674.98	17.00	.072		
@COUNTY HOSPITAL TOTAL	7	50 \$	4,633.32	\$ 92.67	.013	\$ 661.90	
CO HOSPITAL INPATIENT TOTAL	1	3	3,300.00	1100.00	.001	3300.00 3300.00	.86
HSC HOSPITALS	1	3	3,300.00	1100.00	.001	3300.00	.86
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0				.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	79 589 216 202 275 50 \$ 3 3 0 0 0 0 0 0 47 1 7	.00	.00 .00 .00 .00 .00 28.37 8.97 30.26 20.09 .00 62.41 14.33 EPORT FOR JAN 2	.000	.00 .00 .00 .00 .00 .00 .222.22 8.97 52.96 105.47	.00
CO HOSP OUTPATIENT TOTAL	6	47	1,333.32	28.37	.012	222.22	.35
MEDICAL	1	1	8.97	8.97	.000	8.97	.00
SURGERY	4	7	211.82	30.26	.002	52.96	.06
PATHOLOGY	4	21	421 89	20.09	005	105 47	.11
RADIOLOGY	0	0	121.05	00	000	.00	.00
POOM IISE	4	a a	561 60	62 41	000	140.42	• 0 0
CDOCCOVEDC / NII OPU OUPDTMT	<u> </u>	9	128 95	1/1 33	002	25.79	.03
#CALIF DEPT OF HEALTH SERV	MEDI_CAI CEDVIC	TEC AND EVDENDITHIDES MC	NULTO DA AMENT D	TDODU DOD JNU '	בסט. מת נוסטים 2002		
	FEE-FOR-SERVICE	LES AND EXPENDITURES MU	NIH-OF-FAIMENI K	EFORT FOR JAN 2	2002 INKO DE	EC 2002	01/17/03
1101 024	THE FOR DERVICE	JOENTAL VICES FOR 63 MI/MN ALI	EN MINIOUR CIC A	TD CODE EE EO E	- D		01/11/03
MARIN COUNTY	SUMMARY OF SERV	TICES FOR 63 MI/MN ALI	EN WITHOUT SIS A	ID CODE 33 38 3	10 MON	יע מבונע אינוחני	GE
					MOI		
2 025 811018189	HORDO	INITES OF SERVICE		ALIEDACE COCE			
3,835 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
3,835 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
3,835 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$	EXPENDITURES 1,289,586.57	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18	COST PER ELIGIBLE \$ 336.27
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL	USERS 530 198	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892	EXPENDITURES 1,289,586.57 1,248,688.71	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51	COST PER ELIGIBLE \$ 336.27
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 530 198 188	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851	EXPENDITURES 1,289,586.57 1,248,688.71 1,194,061.37	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51	COST PER ELIGIBLE \$ 336.27
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 530 198 188 11	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41	EXPENDITURES 1,289,586.57 1,248,688.71 1,194,061.37 54,627.34	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51	COST PER ELIGIBLE \$ 336.27
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 530 198 188 11 11	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41	1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51	COST PER ELIGIBLE \$ 336.27
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 530 198 188 11 11	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41 2	1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 530 198 188 11 11 0	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41 2 0	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS  530 198 188 11 11 11 0	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41 2 0 39	1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS  530 198 188 11 11 11 0 10	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41 2 0 39 0	1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS  530 198 188 11 11 11 0 10 11	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41 2 0 39 0	1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	530 198 188 11 11 1 0 10 11	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41 2 0 39 0 0	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	530 198 188 11 11 1 0 10 11	UNITS OF SERVICE OR DAYS OF CARE 2,365 \$ 892 851 41 41 2 0 39 0 0 1,473	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	530 198 188 11 11 1 0 10 11	UNITS OF SERVICE OR DAYS OF CARE  2,365 \$ 892 851 41 41 2 0 39 0 1,473 158	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86 6,557.90	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
3,835 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  530 198 188 11 11 11 0 0 10 11 0 390 114 43	UNITS OF SERVICE OR DAYS OF CARE  2,365 \$ 892 851 41 41 2 0 39 0 0 1,473 158 72	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86 6,557.90 2,170.85	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	530 198 188 11 11 11 0 10 11 0 390 114 43	UNITS OF SERVICE OR DAYS OF CARE  2,365 \$ 892 851 41 41 2 0 39 0 1,473 158 72 568	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86 6,557.90 2,170.85 5,569.06	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	530 198 188 11 11 11 0 10 11 0 390 114 43	UNITS OF SERVICE OR DAYS OF CARE  2,365 \$ 892 851 41 41 2 0 39 0 1,473 158 72 568 216	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86 6,557.90 2,170.85 5,569.06 14,087.81	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY BOOM USE	530 198 188 11 11 11 0 0 10 11 0 390 114 43 162 160	UNITS OF SERVICE OR DAYS OF CARE  2,365 \$ 892 851 41 41 2 0 39 0 1,473 158 72 568 216 193	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86 6,557.90 2,170.85 5,569.06 14,087.81 7,966.21	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY BOOM USE	530 198 188 11 11 11 0 0 10 11 0 390 114 43 162 160	UNITS OF SERVICE OR DAYS OF CARE  2,365 \$ 892 851 41 41 2 0 39 0 1,473 158 72 568 216 193 266	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86 6,557.90 2,170.85 5,569.06 14,087.81 7,966.21 4,546.03	PER UNIT/DAY	UNITS/DAYS	COST PER USER \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	530 198 188 11 11 11 0 0 10 11 0 390 114 43 162 160	UNITS OF SERVICE OR DAYS OF CARE  2,365 \$ 892 851 41 41 2 0 39 0 1,473 158 72 568 216 193 266 0 \$	EXPENDITURES  1,289,586.57 1,248,688.71 1,194,061.37 54,627.34 35,330.23 427.77 .00 34,902.46 19,297.11 .00 .00 40,897.86 6,557.90 2,170.85 5,569.06 14,087.81 7,966.21 4,546.03	PER UNIT/DAY	UNITS/DAYS	COST PER USER  \$ 2433.18 6306.51 6351.39 4966.12 3211.84 427.77 .00 3490.25 1754.28 .00 .00 104.87 57.53 50.48 34.38 88.05 51.73 31.79	COST PER ELIGIBLE \$ 336.27 325.60 311.36 14.24 9.21 .11 .00 9.10 5.03 .00 .00 10.66 1.71 .57 1.45 3.67 2.08 1.19

2

0

39

1

0

10

ADMINISTRATIVE DAYS

ALL OTHER ACCOM

TRANSITIONAL IP CARE

427.77 213.89 .00 .00

34,902.46 894.93

.001 427.77

.000

.010

.00

3490.25

.11

.00

9.10

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	175	\$	4,143.94	\$	23.68	.046	\$	1381.31	\$	1.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	175		4,143.94		23.68	.046		1381.31		1.08
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	717	2,576	\$	31,082.47	\$	12.07	.672	\$	43.35	\$	8.10
PATHOLOGY	713	2,569		30 <b>,</b> 546.96		11.89	.670		42.84		7.97
XO AND OTHERS	5	7		535.51		76.50	.002		107.10		.14
@ORGANIZED OUTPATIENT CLINIC	1,021	8,345	\$	208,403.83	\$	24.97	2.176	\$	204.12	\$	54.34
CLINIC	831	7,682		127,918.28		16.65	2.003		153.93		33.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	287	663		80,485.55		121.40	.173		280.44		20.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	PP	GE 6,332
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

SUMMARI OF SER	VICES FOR 63 MI/MN ALL	EN WIIHOUI SIS A.	ID CODE 33 36 3	) E		
				MON'	THLY AVERAC	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
109	339 \$	11,978.64	\$ 35.34	.088 \$	109.90	\$ 3.12
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
27	257	4,152.57	16.16	.067	153.80	1.08
27	257	4,152.57	16.16	.067	153.80	1.08
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
79	79	7,560.00	95.70	.021	95.70	1.97
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	3	266.07	88.69	.001	88.69	.07
0	0	.00	.00	.000	.00	.00
3	3	266.07	88.69	.001	88.69	.07
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 109 0 0 0 27	USERS UNITS OF SERVICE OR DAYS OF CARE  109 339 \$ 0 0 0 0 27 257	USERS UNITS OF SERVICE OR DAYS OF CARE  109 339 \$ 11,978.64 0 0 0 .00 0 0 .00 0 0 .00 27 257 4,152.57 27 257 4,152.57 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	OR DAYS OF CARE         PER UNIT/DAY           109         339         \$ 11,978.64         \$ 35.34           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           27         257         4,152.57         16.16           27         257         4,152.57         16.16           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0 <td>USERS UNITS OF SERVICE OR DAYS OF CARE  109 339 \$ 11,978.64 \$ 35.34 .088 \$ 0 0 0 .00 .000 .000 .000 .000 .0</td> <td>USERS UNITS OF SERVICE OR DAYS OF CARE  109 339 \$ 11,978.64 \$ 35.34 .088 \$ 109.90 0 0 0 .00 .00 .00 .000 .000 0 0 0 .00 .0</td>	USERS UNITS OF SERVICE OR DAYS OF CARE  109 339 \$ 11,978.64 \$ 35.34 .088 \$ 0 0 0 .00 .000 .000 .000 .000 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  109 339 \$ 11,978.64 \$ 35.34 .088 \$ 109.90 0 0 0 .00 .00 .00 .000 .000 0 0 0 .00 .0

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	22	487	\$ 326,144.15	\$ 669.70	.127	\$ 14824.73	\$ 85.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,333 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC	Y/DENTAL										01/1//03
MARIN COUNTY	SUMMARY OF SER	VICES FOR	64 REFU	UGEES	Al	ID COL	ES 01 02					
								M	ONT	HLY AVERAC	E-	
81 ELIGIBLES	USERS	UNITS OF	SERVICE	Ξ	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S (	COST PER		COST PER
		OR DAYS	OF CAR	Ε		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	39		223	\$	9,173.18	\$	41.14	2.753	\$	235.21	\$	113.25
@PHYSICIANS SERVICES	16		31	\$	2,012.68	\$	64.93	.383	\$	125.79	\$	24.85
OUTPATIENT VISITS	2		2		92.35		46.18	.025		46.18		1.14
OFFICE VISITS	1		1		24.00		24.00	.012		24.00		.30
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1		1		68.35		68.35	.012		68.35		.84
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	2		2		78.31		39.16	.025		39.16		.97
HOSPITAL VISITS	2		2		78.31		39.16	.025		39.16		.97
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4		5		223.04		44.61	.062		55.76		2.75
EXAMINATIONS	4		5		223.04		44.61	.062		55.76		2.75
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2		2		1,181.72		590.86	.025		590.86		14.59
PRINCIPAL SURGEON	2		2		1,181.72		590.86	.025		590.86		14.59
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	6		7		145.59		20.80	.086		24.27		1.80
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1		13		291.67		22.44	.160		291.67		3.60
@PHARMACY	12		17	\$	945.36	\$	55.61	.210	\$	78.78	\$	11.67
PRESCRIPTION DRUGS	12		16		935.13		58.45	.198		77.93		11.54
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	12		16		935.13		58.45	.198		77.93		11.54
MEDICAL SUPPLIES	1		1		10.23		10.23	.012		10.23		.13
@DENTIST	12		58	\$	3,426.00	\$	59.07	.716	\$	285.50	\$	42.30
VISITS - DIAGNOSTIC	7		39		423.00		10.85	.481		60.43		5.22
ORAL SURGERY	1		1		40.00CF	R	40.00CR	.012		40.00CF	2	.49CR
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0		200.00	.00	.000	.00	2.47	
ENDODONTICS	2	2		475.00	237.50	.025	237.50	5.86	
RESTORATIVE DENTISTRY	7	16		2,368.00	148.00	.198	338.29	29.23	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,334	
MOP024	FEE-FOR-SERVICE/D	ENTAL						01/17/03	
MARIN COUNTY	SUMMARY OF SERVICE	ES FOR 64 REFU	JGEES	AI	D CODES 01 02	08			
						MON	THLY AVERA	GE	
81 ELIGIBLES	USERS U	NITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	

0

0

@HOME HEALTH AGENCY

NURSE ANESTHESIST NURSE MIDWIFE

PEDIATRIC NURSE PRACTITIONER

\$ \$ \$ \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.000 \$

.000 \$

.000 \$

.000 \$

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	6	17 S	908.90	\$ 53.46	.210 \$		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	17	908.90	53.46	.210	151.48	11.22
MEDICAL	2	3	95.12	31.71	.037	47.56	1.17
SURGERY	_ 2	2	208.21	104.11	.025	104.11	2.57
PATHOLOGY	_ 1	4	51.98	13.00	.049	51.98	.64
RADIOLOGY	3	3	181.85	60.62	.037	60.62	2.25
ROOM USE	3	4	358.67	89.67	.049	119.56	4.43
CROSSOVERS/ALL OTH OUTPINT	1	1	13.07	13.07	.012	13.07	.16
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		ONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 6,335
MOP024	FEE-FOR-SERVICE/DENT						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR 64 REFUGEES	A	ID CODES 01 02			
							GE
81 ELIGIBLES	USERS UNIT	IS OF SERVICE	EXPENDITURES	AVERAGE COST	r UNITS/DAYS	COST PER	COST PER

					MON	THLY AVERAG	E
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	17 \$	908.90	\$ 53.46	.210 \$	151.48	\$ 11.22
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	17	908.90	53.46	.210	151.48	11.22
MEDICAL	2	3	95.12	31.71	.037	47.56	1.17

SURGERY	2	2	208.21	104.11	.025	104.11	2.57
PATHOLOGY	1	4	51.98	13.00	.049	51.98	.64
RADIOLOGY	3	3	181.85	60.62	.037	60.62	2.25
	3	4	358.67				
ROOM USE	3	4		89.67	.049	119.56	4.43
CROSSOVERS/ALL OTH OUTPTN	; <u> </u>	1	13.07	13.07	.012	13.07	.16
@STATE HOSPITAL	Ü	0 \$	.00	\$ .00	.000 \$		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	. 0	0					
LEV B-SUBACUTE FREESTANDING	. U		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$			.000		
•	U	-	.00				\$ .00
HOSPITAL BASED	Ü	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	73 \$	415.32	\$ 5.69	.901 \$		\$ 5.13
PATHOLOGY	Δ	73	415.32	5.69	.901	103.83	5.13
	0	0		.00	.000	.00	.00
XO AND OTHERS	0		.00				
@ORGANIZED OUTPATIENT CLINIC	12	21 \$	1,413.76	\$ 67.32	.259 \$	117.81	•
CLINIC	7	13	431.26	33.17	.160	61.61	5.32
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	8	982.50	122.81	.099	196.50	12.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 6,336
MOP024	FEE-FOR-SERVICE		111 01 11111111111111111111111		2002 111110 220	2002	01/17/03
MARIN COUNTY		VICES FOR 64 REFUGEES	Δ.	ID CODES 01 02	0.8		01/11/03
MARIN COONII	SOMMARI OF SERV	TCES FOR 04 REFORES	A.	ID CODES OI 02	MONT	ממעע אוווי	E
01 FLICTRIES	Hanna	INTEG OF GERIAGE		717D7 CD CCC			
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	6 \$	51.16	\$ 8.53	.074 \$	25.58	•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		.00
OTHER TRANS	•			.00		.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	51.16	8.53	.074	25.58	.63
	0	0	.00		.000	.00	.00
PHYSICAL THERAPIST	ŭ	· ·		.00			
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	)	.00	.000	.00	.00
ORTHOTICS	0	0	.00	)	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	)	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	)	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	)	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	)	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	)	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	)	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	)	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	)	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	)	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	) \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	) \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,337
MOPD 14 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY	SUMMARY OF SERV	ICES FOR 65 BCCTP-FEDI	ERAL	AID CODES OM	ON		
					MON		
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	58	600 \$	37 <b>,</b> 929.76	\$ 63.22	30.000 \$		\$ 1896.49
@PHYSICIANS SERVICES	36	211 \$	.,	\$ 30.40	10.550 \$	178.19	•
OUTPATIENT VISITS	29	48	1,797.58	37.45	2.400	61.99	89.88
OFFICE VISITS	28	45	1,759.18	39.09	2.250	62.83	87.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	38.40	12.80	.150	12.80	1.92
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	17	1,712.34	100.73	.850	570.78	85.62
PRINCIPAL SURGEON	3	7	1,534.27	219.18	.350	511.42	76.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	178.07	17.81	.500	178.07	8.90
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	27	272.91	10.11	1.350	18.19	13.65
RADIOLOGY	10	20	1,808.83	90.44	1.000	180.88	90.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	87	449.54	5.17	4.350	224.77	22.48
OTHER SERVICES/ALL X-OVERS	5	12	373.70	31.14	.600	74.74	18.69
@PHARMACY	32	83 \$	6,526.98	\$ 78.64	4.150 \$	203.97	\$ 326.35
PRESCRIPTION DRUGS	32	83	6,526.98	78.64	4.150	203.97	326.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	32	83	6,526.98	78.64	4.150	203.97	326.35

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0	Τ	.00	τ	.00	.000	Τ.	.00	Τ.	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
	0		0									
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	U		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	U		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		ENDITU	RES MONT	H-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 6,338 01/17/03
MARIN COUNTY			CE DCC	TP-FEDER	ΑТ	7/ T.D	CODES 0M	ONT				01/11/03
MARIN COUNTI	SUMMARY OF SERV	ICES FOR	03 BCC	IP-FEDERA	4T	AID	CODES OM			ת מתונה עדוו	CE.	
20 ELICIPIES	HCEDC	IINITEC OF	CEDITE	Б	EADENDIMIDEC	7. 7. 7.	DACE COCE			HLY AVERA		COCH DED
20 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST		-	COST PER		COST PER
CODMONDED TOM	0	OR DAYS			0.0		. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	18		215	Ś	21,568.13	\$	100.32	10.750	Ś	1198.23	Ś	1078.41
HOSP INPATIENT TOTAL	0		0	т	.00	4	.00	.000	4	.00	т.	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
	0		0									.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00

0

0

0

215

31

5

13

10

3

.00

.00

.00

21,568.13

943.99

154.33

157.12

111.15

1,350.01

.00

.00

.00

100.32

30.45

30.87

12.09

37.05

135.00

.000

.000

.000

.250

.650

.500

.150

10.750

1.550

.00

.00

.00

1198.23

85.82

30.87

22.45

55.58

270.00

.00

.00

.00

1078.41

47.20

7.72

7.86

5.56

67.50

0

0

0

18

11

5 7

5

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT	13	153	18,851.53	123.21	7.650	1450.12	942.58
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 6,339
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-E	FEDERAL	AID CODES 0M	ON		
					MON'	THLY AVERA	GE
20 ELIGIBLES	USERS UNITS C	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	215 \$	21,568.13	\$ 100.32	10.750 \$	1198.23	\$ 1078.41
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0			.00		.00		000		.00		.00
ANCILLARIES	0	0			.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00
	0	0											
ALL OTHER INPATIENT	•				.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	18 11	215			21,568.13		100.32	10.			1198.23		1078.41
MEDICAL		31			943.99		30.45		550		85.82		47.20
SURGERY	5	5			154.33		30.87		250		30.87		7.72
PATHOLOGY	7	13			157.12		12.09		650		22.45		7.86
RADIOLOGY	5	10			1,350.01		135.00		500		270.00		67.50
ROOM USE	2	3			111.15		37.05		150		55.58		5.56
CROSSOVERS/ALL OTH OUTPTNT		153			18,851.53		123.21		650		1450.12		942.58
@STATE HOSPITAL	0	0	\$		.00	\$	.00		000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00		000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00		000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00		000		.00		.00
LEV B-REHAB MD	0	0			.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
LEV B-REGULAR	0	0			.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00		000	Ś	.00	\$	.00
ICF DDH	0	0	- T		.00	4	.00		000	-	.00	4	.00
ICF DD	0	0			.00		.00		000		.00		.00
ICF DDN/DDCN	0	0			.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00		000	\$	.00	\$	.00
HOSPITAL BASED	0	0	۲		.00	Ÿ	.00		000	Ÿ	.00	Y	.00
HEMODIALYSIS CENTER	0	0			.00		.00		000		.00		.00
	0	0	\$		.00	ċ	.00		000	\$	.00	ċ	
@REHABILITATION FACILITY	0	-	Ą			\$				Þ		\$	.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
INDEPENDENT FACILITY	-	0	<u> </u>		.00	<u> </u>	.00		000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	28	82	\$		2,710.57	\$	33.06		100	\$	96.81	\$	135.53
PATHOLOGY	26	79			2,554.94		32.34		950		98.27		127.75
XO AND OTHERS	3	3			155.63		51.88		150		51.88		7.78
@ORGANIZED OUTPATIENT CLINIC	6	9	\$		709.18	\$	78.80		450	\$	118.20	Ş	35.46
CLINIC	4	6			351.94		58.66		300		87.99		17.60
SURGICENTER	0	0			.00		.00		000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00		000		.00		.00
RURAL HEALTH CLINIC	2	3			357.24		119.08		150		178.62		17.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	JRES	MONTH-O	F-PAYMENT RE	EPORT	FOR JAN	2002 T	HRU	DEC	2002	P	AGE 6,340
MOP024	FEE-FOR-SERVICE,	/DENTAL											01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 65 BC	CTP-F	'EDERAL		AID	CODES OM	1 ON					
									N	ITNO	HLY AVERA	GE ·	
20 ELIGIBLES	USERS	UNITS OF SERVI	CE	EX	PENDITURES	AVE	RAGE COST	UNITS	/DAY	rs (	COST PER	(	COST PER
		OR DAYS OF CAL	RE			PER	UNIT/DAY	PER	ELIG	3	USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$		.00	\$	.00		000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0			.00		.00		000		.00		.00
BLOOD BANK	0	0			.00		.00		000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00		000		.00		.00
AMBULANCES/AIR TRANS	0	Ō			.00		.00		000		.00		.00
OTHER TRANS	0	0			.00		.00		000		.00		.00
OTHER SERVICES	0	0			.00		.00		000		.00		.00
ACUPUNCTURE	0	0			.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00		000		.00		.00
CHURITO DIORUSE IESTING	U	U			.00		.00	•	500		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 37.50	\$ 37.50	.050	\$ 37.50	\$ 1.88

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,341 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MON	ITHLY AVERAG	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16	175 \$	13,996.50	\$ 79.98	21.875 \$	874.78	\$ 1749.56
@PHYSICIANS SERVICES	10	28 \$	1,291.30	\$ 46.12	3.500	129.13	\$ 161.41
OUTPATIENT VISITS	8	14	349.56	24.97	1.750	43.70	43.70
OFFICE VISITS	7	13	325.18	25.01	1.625	46.45	40.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.125	24.38	3.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	8	836.01	104.50	1.000	418.01	104.50
PRINCIPAL SURGEON	1	1	674.61	674.61	.125	674.61	84.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.875	161.40	20.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	6.06	2.02	.375	3.03	.76
RADIOLOGY	2	2	34.55	17.28	.250	17.28	4.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1	65.	12	65.12	.125	65.12		8.14
@PHARMACY	7	13 \$	606.	30 \$	46.64	1.625	\$ 86.61	\$ 7	75.79
PRESCRIPTION DRUGS	7	13	606.	30	46.64	1.625	86.61	-	75.79
SNF/ICF	0	0	•	00	.00	.000	.00		.00
OUTPATIENTS	7	13	606.	30	46.64	1.625	86.61	7	75.79
MEDICAL SUPPLIES	0	0		00	.00	.000	.00		.00
@DENTIST	0	0 \$		00 \$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		00	.00	.000	.00		.00
ORAL SURGERY	0	0		00	.00	.000	.00		.00
DRUGS	0	0		00	.00	.000	.00		.00
ANESTHESIA	0	0		00	.00	.000	.00		.00
PERIODONTICS	0	0		00	.00	.000	.00		.00
ENDODONTICS	0	0		00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		00	.00	.000	.00		.00
PROSTHETICS	0	0		00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMEN	IT REPO	RT FOR JAN	2002 THRU	DEC 2002	PAGE	6,342
MOP024	FEE-FOR-SERVICE/DENTAL							01	L/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	66 BCCTP-	STATE-ONLY	A:	ID CODES OR	OΤ			

----- MONTHLY AVERAGE -----08 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 0 .00 .000 \$ .00 \$ .00 @PODIATRIST .00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 .500 127.36 @HOME HEALTH AGENCY 4 254.71 \$ 63.68 31.84 NURSE ANESTHESIST .00 .00 .000 \$ .00 Ś .00 NURSE MIDWIFE .00 .00 .000 \$ .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 .00 .00 .00 .000 FAMILY NURSE PRACTITIONER 11,036.50 95.14 14.500 \$ 1839.42 \$ 1379.56 @TOTAL HOSPITAL 116 .375 3 4,755.00 1585.00 4755.00 HOSP INPATIENT TOTAL 594.38 1585.00 .375 4755.00 594.38 HSC HOSPITALS 4,755.00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	5	113	6,281.	50	55.59	14.125		1256.30		785.19
MEDICAL	3	6	206.		34.41	.750		68.81		25.80
SURGERY	0	0		00	.00	.000		.00		.00
PATHOLOGY	3	19	224.	55	11.82	2.375		74.85		28.07
RADIOLOGY	2	48	3,482.	05	72.54	6.000		1741.03		435.26
ROOM USE	1	1	46.		46.45	.125		46.45		5.81
CROSSOVERS/ALL OTH OUTPINT	3	39	2,322.	02	59.54	4.875		774.01		290.25
@COUNTY HOSPITAL TOTAL	0	0 \$	÷	00 \$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		00	.00	.000		.00		.00
HSC HOSPITALS	0	0		00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		00	.00	.000		.00		.00
ANCILLARIES	0	0		00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		00	.00	.000		.00		.00
MEDICAL	0	0		00	.00	.000		.00		.00
SURGERY	0	0		00	.00	.000		.00		.00
PATHOLOGY	0	0		00	.00	.000		.00		.00
RADIOLOGY	0	0		00	.00	.000		.00		.00
ROOM USE	0	0		00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MONTH-OF-PAYMEN	T REPO	RT FOR JAN 2	002 THRU	DEC	2002	PP	AGE 6,343
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 66 BCCTP-	-STATE-ONLY	A.	ID CODES OR	OT				
						M			-	
MARIN COUNTY  08 ELIGIBLES	SUMMARY OF SERV	UNITS OF SERVICE	-STATE-ONLY EXPENDITUF	ES A'	VERAGE COST	M UNITS/DAY	S	COST PER	C	COST PER
08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITUE	ES A'	VERAGE COST ER UNIT/DAY	M UNITS/DAY PER ELIG	S	COST PER USER	C E	COST PER ELIGIBLE
08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 6	UNITS OF SERVICE OR DAYS OF CARE 116 \$	EXPENDITUE	ES A' Pl 50 \$	VERAGE COST ER UNIT/DAY 95.14	M UNITS/DAY PER ELIG 14.500	S	COST PER USER 1839.42	C E	COST PER ELIGIBLE 1379.56
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL	USERS 6 1	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITUF \$ 11,036. 4,755.	ES A' P' 50 \$	VERAGE COST ER UNIT/DAY 95.14 1585.00	UNITS/DAY PER ELIG 14.500 .375	S	COST PER USER 1839.42 4755.00	C E	COST PER ELIGIBLE 1379.56 594.38
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL  HSC HOSPITALS	USERS 6	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3	EXPENDITUF \$ 11,036. 4,755. 4,755.	ES A' P' 50 \$ 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00	UNITS/DAY PER ELIG 14.500 .375 .375	S	COST PER USER 1839.42 4755.00 4755.00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITALS TOTAL	USERS 6 1 1 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P1 50 \$ 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00	UNITS/DAY PER ELIG 14.500 .375 .375	S	COST PER USER 1839.42 4755.00 4755.00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 6 1 1 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P1 50 \$ 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000	S	USER 1839.42 4755.00 4755.00 .00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38 .00
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 6 1 1 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3	EXPENDITUF \$ 11,036. 4,755. 4,755.	ES AP: 50 \$ 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000	S	COST PER USER 1839.42 4755.00 4755.00 .00 .00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 6 1 1 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A P! 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000	S	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 6 1 1 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 0 0 0 0 0	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P! 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000	S	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 6 1 1 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P! 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00		S	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00 .00
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 6 1 1 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P! 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00		S	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00	C E	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00 .00
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 6 1 1 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 0 0	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P! 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000	SSS	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00	\$	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 6 1 1 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 0 0 113	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P! 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	SSS	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 113	EXPENDITUE \$ 11,036. 4,755. 4,755.	ES A' P! 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000	SSS	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$	COST PER ELIGIBLE 1379.56 594.38 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  6 1 1 0 0 0 0 0 0 0 5 3 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 113 6 0	EXPENDITUE 11,036. 4,755. 4,755.	ES A' P' 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .14.125 .750 .000	SSS	USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS  6 1 1 0 0 0 0 0 0 0 5 3 0 3	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 113 6 0 19	EXPENDITUE \$ 11,036. 4,755. 4,755. 6,281. 206.	ES A' P' 50 \$ 00 00 00 00 00 00 00 00 00 00 00 00	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	SSS	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS  6 1 1 0 0 0 0 0 0 0 5 3 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 113 6 0 19 48	EXPENDITUE \$ 11,036. 4,755. 4,755. 6,281. 206. 224. 3,482.	ES A' P' 50 \$ 000 000 000 000 000 000 000 000 500 43 000 55 005	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .100 .00 .	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	SSS	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3 0 3 2 1	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 113 6 0 19 48 1	EXPENDITUE \$ 11,036. 4,755. 4,755. 6,281. 206. 224. 3,482. 46.	ES A'P'S SO	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	SSS	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
QCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3 0 3 2 1 3	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 113 6 0 19 48 1 39	EXPENDITUE \$ 11,036. 4,755. 4,755. 4,755. 6,281. 206. 224. 3,482. 46. 2,322.	ES A'P'S SO	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .10 .00 .10 .1	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	S \$	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3 0 3 2 1	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 0 0 113 6 0 0 119 48 1 39 0 \$	EXPENDITUE \$ 11,036. 4,755. 4,755. 4,755. 6,281. 206. 224. 3,482. 46. 2,322.	ES A'P'S SO	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	S \$	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3 0 3 2 1 3	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 113 6 0 19 48 1 39 0 \$ 0 \$	EXPENDITUE 11,036. 4,755. 4,755. 4,755. 6,281. 206. 224. 3,482. 46. 2,322.	ES A'P'S SO	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	S \$	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3 0 3 2 1 3 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 113 6 0 119 48 1 39 0 0 0 0 0	EXPENDITUE 11,036. 4,755. 4,755. 4,755. 6,281. 206. 224. 3,482. 46. 2,322.	ES A'P'S SO	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	\$ \$	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3 0 3 2 1 3 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 0 0 113 6 0 0 113 6 0 19 48 1 39 0 \$ 0 0 0 0 \$	EXPENDITUE 11,036. 4,755. 4,755. 4,755. 6,281. 206. 224. 3,482. 46. 2,322.	ES A'P'S SO SO SO SO SO SO SO S SO S SO S SO	VERAGE COST ER UNIT/DAY 95.14 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	\$ \$	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS  6 1 1 0 0 0 0 0 0 0 0 5 3 0 3 2 1 3 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 116 \$ 3 3 0 0 0 0 0 0 0 0 113 6 0 119 48 1 39 0 0 0 0 0	EXPENDITUE 11,036. 4,755. 4,755. 4,755. 6,281. 206. 224. 3,482. 46. 2,322.	ES A'P'S SO	VERAGE COST ER UNIT/DAY 95.14 1585.00 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0	M UNITS/DAY PER ELIG 14.500 .375 .375 .000 .000 .000 .000 .000 .000 .000 .0	\$ \$	COST PER USER 1839.42 4755.00 4755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	COST PER ELIGIBLE 1379.56 594.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

0

.00

.00

.000

.00

.00

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	Ś		Ś	.00
ICF DDH	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	Ċ	.00	.000	Ś	.00	Ċ	.00
HOSPITAL BASED	0	0	۲	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	Ś		Ś	.00
HOSPITAL BASED	0	0	Ş	.00	Ą	.00	.000	Ş	.00	Ş	.00
	0	0									
INDEPENDENT FACILITY	0	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	ċ	.00
@LABORATORY FACILITY	6	14	\$	807.69	\$	57.69		\$	134.62	Ş	100.96
PATHOLOGY	6	14		807.69		57.69	1.750		134.62		100.96
XO AND OTHERS	Ü	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	Ş	.00	.000	\$	.00	Ş	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MON	NTH-OF-PAYMENT RI	EPORT	' FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 6,344
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERVICE	S FOR 66 BCCT	P-STAT	TE-ONLY	AII	CODES OR	OT				
							M	ONT	HLY AVERA	GE -	
08 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER	(	COST PER
	0	R DAYS OF CARE			PEF	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	U	U		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,345
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

				MO	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
74	775 \$	51,926.26	\$ 67.00	27.679	\$ 701.71	\$ 1854.51
46	239 \$	7,706.20	\$ 32.24	8.536	\$ 167.53	\$ 275.22
37	62	2,147.14	34.63	2.214	58.03	76.68
35	58	2,084.36	35.94	2.071	59.55	74.44
0	0	.00	.00	.000	.00	.00
1	1	24.38	24.38	.036	24.38	.87
0	0	.00	.00	.000	.00	.00
0	0	.00	.00		.00	.00
3	3					1.37
0	0					.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
5	25	•				91.01
4	8	2,208.88	276.11	.286	552.22	78.89
	46 37	OR DAYS OF CARE 74 775 \$ 46 239 \$ 37 62	OR DAYS OF CARE  74	OR DAYS OF CARE         PER UNIT/DAY           74         775         \$         51,926.26         \$         67.00           46         239         \$         7,706.20         \$         32.24           37         62         2,147.14         34.63         35.94           0         0         .00         .00         .00           1         1         24.38         24.38         24.38           0         0         .00         .00         .00           0         0         .00         .00         .00           3         3         38.40         12.80         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY PER UNIT/DAY PER UNIT/DAY PER ELIG \$ 67.00         AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG \$ 67.00         PER UNIT/DAY PER ELIG \$ 57.706.20         PER UNIT/DAY PER UNIT/DAY PER ELIG \$ 5.67.00         PER UNIT/DAY PER UNITS/DAYS PER UNITS/DAYS PE	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           74         775         \$ 51,926.26         \$ 67.00         27.679         \$ 701.71           46         239         \$ 7,706.20         \$ 32.24         8.536         \$ 167.53           37         62         2,147.14         34.63         2.214         58.03           35         58         2,084.36         35.94         2.071         59.55           0         0         .00         .00         .00         .00           1         1         24.38         24.38         .036         24.38           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	17		339.47		19.97	.607		169.74		12.12
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	17	30		278.97		9.30	1.071		16.41		9.96
RADIOLOGY	12	22		1,843.38		83.79	.786		153.62		65.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	87		449.54		5.17	3.107		224.77		16.06
OTHER SERVICES/ALL X-OVERS	6	13		438.82		33.76	.464		73.14		15.67
@PHARMACY	39	96	\$	7,133.28	\$	74.31	3.429	\$	182.90	\$	254.76
PRESCRIPTION DRUGS	39	96		7,133.28		74.31	3.429		182.90		254.76
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	39	96		7,133.28		74.31	3.429		182.90		254.76
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC 2	2002	PF	GE 6,346
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

MARTIN COONTI	DOMMANT OF DER	VICES FOR 07 BC	011 10	TAL			M	דותר	THLY AVERA	CF	
28 ELIGIBLES	USERS	UNITS OF SERVI	~_	EXPENDITURES	7\ \ 7	ERAGE COST			COST PER	-	COST PER
ZO EDIGIDAES	OSEKS	OR DAYS OF CA		EAF ENDITORES		R UNIT/DAY	PER ELIG	J	USER		ELIGIBLE
@OPTOMETRIST	Λ	OR DAIS OF CA	Ç.	.00	¢ rr	.00	.000	Ċ	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	۲	.00	۲	.00	.000	۲	.00	۲	.00
	0	0									
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	U	U	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	Ü	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	254.71	\$	63.68	.143	\$	127.36	\$	9.10
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	24	331	\$	32,604.63	\$	98.50	11.821	\$	1358.53	\$	1164.45
HOSP INPATIENT TOTAL	1	3		4,755.00		1585.00	.107		4755.00		169.82
HSC HOSPITALS	1	3		4,755.00		1585.00	.107		4755.00		169.82
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	23	328		27,849.63		84.91	11.714	1210.85		994.63
MEDICAL	14	37		1,150.42		31.09	1.321	82.17		41.09
SURGERY	5	5		154.33		30.87	.179	30.87		5.51
PATHOLOGY	10	32		381.67		11.93	1.143	38.17		13.63
RADIOLOGY	7	58		4,832.06		83.31	2.071	690.29		172.57
ROOM USE	3	4		157.60		39.40	.143	52.53		5.63
CROSSOVERS/ALL OTH OUTPTNT	16	192		21,173.55		110.28	6.857	1323.35		756.20
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00	\$	.00	.000	\$ .00		.00
CO HOSPITAL INPATIENT TOTAL	0	0	4	.00	7	.00	.000	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-	OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC 2002	PAG	E 6,347
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	67 BCCI	TP-TOTAL							
							_		~-	

----- MONTHLY AVERAGE -----EXPENDITURES 28 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE ELIGIBLE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 24 331 32,604.63 \$ 98.50 11.821 \$ 1358.53 \$ 1164.45 COMM HOSP INPATIENT TOTAL 1 3 4,755.00 1585.00 .107 4755.00 169.82 HSC HOSPITALS 1 3 4,755.00 1585.00 .107 4755.00 169.82 NON-HSC HOSPITALS TOTAL 0 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ANCILLARIES .000 0 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 23 328 27,849.63 84.91 11.714 1210.85 994.63 14 37 1.321 82.17 41.09 MEDICAL 1,150.42 31.09 SURGERY 5 5 154.33 30.87 .179 30.87 5.51 10 32 381.67 11.93 38.17 13.63 PATHOLOGY 1.143 7 58 83.31 2.071 690.29 172.57 RADIOLOGY 4,832.06 ROOM USE 3 4 157.60 39.40 .143 52.53 5.63 CROSSOVERS/ALL OTH OUTPTNT 16 192 21,173.55 110.28 6.857 1323.35 756.20

.00

.00

.000 \$

.00 \$

.00

@STATE HOSPITAL

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	34	96	\$	3,518.26	\$	36.65	3.429	\$	103.48	\$	125.65
PATHOLOGY	32	93		3,362.63		36.16	3.321		105.08		120.09
XO AND OTHERS	3	3		155.63		51.88	.107		51.88		5.56
@ORGANIZED OUTPATIENT CLINIC	6	9	\$	709.18	\$	78.80	.321	\$	118.20	\$	25.33
CLINIC	4	6		351.94		58.66	.214		87.99		12.57
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		357.24		119.08	.107		178.62		12.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 6,348
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

28 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER **USERS** UNITS OF SERVICE EXPENDITURES COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 0 @ALL OTHER PROVIDERS 0 .00 .00 .000 \$ .00 \$ .00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .000 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 37.50	\$ 37.50	.036	\$ 37.50	\$ 1.34

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,349 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY	SUMMARY OF SERV	ICES FOR	68 QMB -	- ONLY		AID C	ODE		
							MO	NTHLY AVERA	GE
68 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6		6	\$	168.19	\$ 28.03	.088	\$ 28.03	\$ 2.47
@PHYSICIANS SERVICES	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	•	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0	Υ	.00	Y	.00	.000	Y	.00	۲	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	•	\$	.00	\$	.00	.059	\$	.00	\$	.00
-	3	3	Ą		ې			Ą	.00	ې	.00
VISITS - DIAGNOSTIC	3	3		.00		.00	.044				
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.015		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MONT	H-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002		6,350
MOP024	FEE-FOR-SERVICE	/DENTAL								C	)1/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB -	ONLY			AID C	ODE				
							M				
68 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		ST PER
		OR DAYS OF CARE					PER ELIG		USER		GIBLE
@OPTOMETRIST	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 9	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	2 3	\$	120.30	\$	60.15	.029	\$	60.15	\$	1.77
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2		120.30		60.15	.029		60.15		1.77
@HOME HEALTH AGENCY	0	0 5	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0 \$	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	ċ	.00	\$	.00	.000 \$	.00	ċ	.00
@TOTAL HOSPITAL	0	0	\$ \$	47.89	۶ S	.00	.000 \$	.00		.70
•	0	0	ې	.00	Ą	.00	.000 \$		ې	.00
HOSP INPATIENT TOTAL	0	Ü						.00		
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		47.89		.00	.000	.00		.70
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		47.89		.00	.000	.00		.70
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITIIRI	ES MONTE		PORT FO				PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL		1101411	0	01(1 1(	01111	2002 11110 220 200	_	_	1/17/03
MARIN COUNTY	SUMMARY OF SERVICES FOR	68 OMB -	- ONLY			AID (	CODE		0.	2, 1, 00
		00 A11D	01111			1110	MONTHLY	AVERA	GE	

----- MONTHLY AVERAGE -----68 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL Ω 0 \$ 47.89 .00 .000 \$ .00 \$ .70 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 .000 .00 INPATIENT CROSSOVERS 0 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 0 47.89 .00 .000 .00 .70 MEDICAL .00 .00 .000 .00 .00

	_	_					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	47.89	.00	.000	.00	.70
@STATE HOSPITAL	0	0 \$		\$ .00	.000 \$	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$		\$ .00	.000 \$	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	
CLINIC CLINIC	0	0 7	.00	.00	.000 \$	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	ŭ	0					
RURAL HEALTH CLINIC	0	· ·	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 6,352
MOP024	FEE-FOR-SERVICE/DENTAL		0117.17	3.70	.000		01/17/03
MARIN COUNTY	SUMMARY OF SERVICES FO	OR 68 QMB -	ONLY	AID C			
60 71 707777	110770 1711770	00 00011100			MONTE	-	
68 ELIGIBLES		OF SERVICE	EXPENDITURES		UNITS/DAYS (		COST PER
0		AYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$		\$ .00	.000 \$	.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
CENEMIC DICEAGE MECMING	<u> </u>	^	0.0	0.0	000	0.0	0.0

0

0

0

0

0

0

0

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 168.19	\$ 84.10	.029	\$ 84.10 \$	2.47

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,353
MOPD24 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERV	VICES FOR 69 133%	PROGRAM	A A	ID CODES 72 74	8N		
					MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVICE		EXPENDITURES				COST PER
							ELIGIBLE
	•	\$					
168	445	\$			.199		•
123	156				.070		2.39
66	91		2,730.20	30.00	.041	41.37	1.22
0	0		.00	.00	.000	.00	.00
61	64		2,578.32	40.29	.029	42.27	1.15
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
1	1		20.94	20.94	.000	20.94	.01
3	43		2,487.04	57.84	.019	829.01	1.11
3	43		2,487.04	57.84	.019	829.01	1.11
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
4	4		157.89	39.47	.002	39.47	.07
4	4		157.89	39.47	.002	39.47	.07
0	0		.00	.00	.000	.00	.00
3	3		672.00	224.00	.001	224.00	.30
3	3		672.00	224.00	.001	224.00	.30
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
	174		3,021.96	17.37	.078	151.10	1.35
12	14		1,896.43	135.46	.006	158.04	.85
0	0		.00	.00	.000	.00	.00
8	160		1,125.53	7.03	.072	140.69	.50
0	0			.00		.00	.00
7	7		66.91	9.56	.003	9.56	.03
29	41		442.65	10.80	.018	15.26	.20
0	0		.00	.00		.00	.00
0	0		.00	.00	.000	.00	.00
12	17		245.07	14.42	.008	20.42	.11
248	401	\$	9,951.31	\$ 24.82	.180	\$ 40.13	\$ 4.46
246	389		9,852.76	25.33	.174	40.05	4.41
0	0		.00	.00	.000	.00	.00
246	389		9,852.76	25.33	.174	40.05	4.41
	USERS  759 168 123 66 0 61 0 0 11 3 3 0 0 4 4 4 0 3 3 3 0 0 0 20 12 0 8 0 7 29 0 0 12 248 246	USERS UNITS OF SERVICE OR DAYS OF CARE 759 2,418 168 445 123 156 66 91 0 0 61 64 0 0 0 0 1 1 1 1 3 43 3 43 0 0 0 0 0 4 4 4 4 4 4 0 0 0 3 3 3 3 3 3 3 3 0 0 0 0 0 20 174 12 14 0 0 0 8 160 0 0 7 7 29 41 0 0 0 0 12 17 248 401 246 389 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 759 2,418 \$ 168 445 \$ 123 156 66 91 0 0 0 61 64 0 0 0 0 0 1 1 1 3 43 3 43 0 0 0 0 0 4 4 4 4 4 4 0 0 0 3 3 3 3 3 3 3 0 0 0 0 0 20 174 112 14 0 0 0 8 160 0 0 7 7 7 29 41 0 0 0 12 17 248 401 \$ 248 401 \$ 246 389 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  759	USERS UNITS OF SERVICE OR DAYS OF CARE 759 2,418 \$ 121,973.25 \$ 50.44 168 445 \$ 12,422.98 \$ 27.92 123 156 5,329.46 34.16 66 91 2,730.20 30.00 0 0 0 0.00 00 00 00 00 00 00 00 00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DAYS OF CARE OR DER UNITS/DAYS PER ELIG OR DER UNITS/DAYS PER ELIG OR DER UNITS/DAYS PER ELIG OR DAYS OR DER UNITS/DAYS PER ELIG OR DAYS OR DAY	USERS UNITS OF SERVICE OR DAYS OF CARE  759

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	10	12	98.55		8.21	.005	9.86	.04	
@DENTIST	102	416	\$ 12,183.00	\$	29.29	.186	119.44	\$ 5.46	
VISITS - DIAGNOSTIC	69	234	3,765.00		16.09	.105	54.57	1.69	
ORAL SURGERY	7	11	474.00		43.09	.005	67.71	.21	
DRUGS	8	11	251.00		22.82	.005	31.38	.11	
ANESTHESIA	0	0	.00		.00	.000	.00	.00	
PERIODONTICS	0	0	.00		.00	.000	.00	.00	
ENDODONTICS	13	20	1,316.00		65.80	.009	101.23	.59	
RESTORATIVE DENTISTRY	44	140	6,377.00		45.55	.063	144.93	2.86	
PROSTHETICS	0	0	.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDUTCEC	VIID EADENDILLID	ES MONTH-OF-PAYMENT I	REPOR	T FOR JAN 2	000 THRII DI	C 2002	PAGE 6,35	5.4
#CALIF DEFI OF REALIR SERV	MEDI-CHT SEKVICES I	WIND EVERNDIION	DO MONTH OF LATERNI I		1 1010 01110 2	-002 IIII(0 D	10 2002	INGE U, J	
MOP024	FEE-FOR-SERVICE/DE		DO MONTH OF TATMENT I	. CDI OIC	1 1010 01110 2	111110 21	10 2002	01/17/0	
" -		NTAL			ODES 72 74		10 2002		
MOP024	FEE-FOR-SERVICE/DE	NTAL						01/17/0	
MOP024	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE:	NTAL		AID C	ODES 72 74	8N		01/17/0	
MOP024 MARIN COUNTY	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133%	PROGRAM A	AID CO	ODES 72 74	8N MOI	THLY AVERA	01/17/0 GE	
MOP024 MARIN COUNTY	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A	AID CO	ODES 72 74 ERAGE COST	8N MOI UNITS/DAYS	NTHLY AVERA COST PER USER	01/17/0 GE COST PER ELIGIBLE	
MOP024 MARIN COUNTY  2,233 ELIGIBLES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES	AID CO AVI PEI	ODES 72 74 ERAGE COST R UNIT/DAY	8N MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	01/17/0 GE COST PER ELIGIBLE	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45	AID CO AVI PEI	DDES 72 74 ERAGE COST R UNIT/DAY 47.45	8N MOI UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER 47.45	01/17/0 GE COST PER ELIGIBLE \$ .02	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45	AID CO AVI PEI	DDES 72 74 ERAGE COST R UNIT/DAY 47.45 47.45	8N MOI UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER 47.45 47.45	01/17/0 GE COST PER ELIGIBLE \$ .02 .02	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45 .00	AID CO AVI PEI	DDES 72 74  ERAGE COST R UNIT/DAY 47.45 47.45 .00	8N MOI UNITS/DAYS PER ELIG .000 .000	NTHLY AVERA COST PER USER 47.45 47.45 .00	01/17/0 GE COST PER ELIGIBLE \$ .02 .02 .00 .00	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45 .00 .00	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 47.45 47.45 .00 .00	8N MOI UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER 47.45 47.45 .00	01/17/0 GE COST PER ELIGIBLE \$ .02 .02 .00 .00	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES  \$ 47.45 47.45 .00 .00 .00 \$	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 47.45 47.45 .00 .00 .00	8N MOI UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER 47.45 47.45 .00 .00	01/17/0 GE COST PER ELIGIBLE \$ .02 .02 .00 .00 \$ .00	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES  \$ 47.45 47.45 .00 .00 .00 \$ .00	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 47.45 47.45 .00 .00 .00	8N MOI UNITS/DAYS PER ELIG .000 .000 .000 .000	NTHLY AVERA  COST PER  USER 47.45 47.45 .00 .00 .00 .00	01/17/0 GE COST PER ELIGIBLE \$ .02 .02 .00 .00 \$ .00	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES  \$ 47.45 47.45 .00 .00 .00 .00 .00 .00 .00	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 47.45 47.45 .00 .00 .00 .00	8N MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER 47.45 47.45 .00 .00 .00 .00	01/17/0 GE COST PER ELIGIBLE \$ .02 .02 .00 .00 \$ .00 .00	
MOP024 MARIN COUNTY  2,233 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE/DEI SUMMARY OF SERVICE: USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM EXPENDITURES  \$ 47.45 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 47.45 47.45 .00 .00 .00 .00 .00	8N MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA  COST PER  USER 47.45 47.45 .00 .00 .00 .00 .00 .00	01/17/0 GE COST PER ELIGIBLE \$ .02 .02 .00 .00 \$ .00 \$ .00 \$ .00	

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4 \$	299.44	\$ 74.86	.002 \$	299.44	\$ .13
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	102	273 \$	30,570.41	\$ 111.98	.122 \$	299.71	\$ 13.69
HOSP INPATIENT TOTAL	3	14	21,014.00	1501.00	.006	7004.67	9.41
HSC HOSPITALS	3	14	21,014.00	1501.00	.006	7004.67	9.41
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	99	259	9,556.41	36.90	.116	96.53	4.28
MEDICAL	40	45	2,438.49	54.19	.020	60.96	1.09
SURGERY	7	7	494.87	70.70	.003	70.70	.22
PATHOLOGY	21	59	515.43	8.74	.026	24.54	.23
RADIOLOGY	30	37	1,836.85	49.64	.017	61.23	.82
ROOM USE	48	62	3,204.39	51.68	.028	66.76	1.44
CROSSOVERS/ALL OTH OUTPINT	34	49	1,066.38	21.76	.022	31.36	.48
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,355
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 69 133% PROGE	RAM A	ID CODES 72 74	8N		
					MON	THLY AVERA	GE
2,233 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	273 \$	30,570.41	\$ 111.98	.122 \$	299.71	\$ 13.69
COMM HOSP INPATIENT TOTAL	3	14	21,014.00	1501.00	.006	7004.67	9.41
HSC HOSPITALS	3	14	21,014.00	1501.00	.006	7004.67	9.41
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	99	259		9,556.41		36.90	.116		96.53		4.28
MEDICAL	40	45		2,438.49		54.19	.020		60.96		1.09
SURGERY	7	7		494.87		70.70	.003		70.70		.22
PATHOLOGY	21	59		515.43		8.74	.026		24.54		.23
RADIOLOGY	30	37		1,836.85		49.64	.017		61.23		.82
ROOM USE	48	62		3,204.39		51.68	.028		66.76		1.44
CROSSOVERS/ALL OTH OUTPTNT	34	49		1,066.38		21.76	.022		31.36		.48
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		\$	.00	.000	\$	.00	Ś	.00
LEV A-INTERMEDIATE	0	0		.00	'	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
ICF DDH	0	0	т.	.00	т	.00	.000	7	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	т.	.00	т	.00	.000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	63.57	\$	21.19	.001	Ś	63.57	Ś	.03
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	Τ	.00
INDEPENDENT FACILITY	1	3		63.57		21.19	.001		63.57		.03
@LABORATORY FACILITY	44	68	\$	838.89	\$	12.34	.030	Ś	19.07	Ś	.38
PATHOLOGY	44	67	т	801.63	т	11.96	.030	т	18.22	Τ	.36
XO AND OTHERS	1	1		37.26		37.26	.000		37.26		.02
@ORGANIZED OUTPATIENT CLINIC	300	422	\$	50,684.74	Ś	120.11	.189	Ś	168.95	Ś	22.70
CLINIC	6	7	٧	242.44	Υ	34.63	.003	۲	40.41	Ψ	.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	296	415		50,442.30		121.55	.186		170.41		22.59
#CALIF DEPT OF HEALTH SERV			TIBES	MONTH-OF-PAYMENT F	REPORT			)EC		ÞΙ	AGE 6,356
MOP024	FEE-FOR-SERVICE		TOTALD	TIOIVIII OI IZZIZIBIVI I	. CDI OICI	1 1 010 07110 2	2002 1111(0 1		2002		01/17/03
MARIN COUNTY	SUMMARY OF SERV		33% DI	ROGRAM	ATD CC	DDES 72 74	8N				01/1//00
IIII(II) COOMII	SOLITIMAL OF SHILL	1010 1010 07 10	J J U I I	r column	111	7220 12 14	MC	ידעכ	HIY AVERA	GE -	
2,233 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS				COST PER
2,200 21101010	ODLIND	OR DAYS OF CA		221 21101 1 01(110			PER ELIG	٠ '	USER		ELIGIBLE
		010 D1110 OF C			1 1111	, ONTI/DAI			0001	. 1	

@ALL OTHER PROVIDERS 33 385 4,911.46 12.76 .172 \$ 148.83 \$ 2.20 DURABLE MED. EQUIP. 1 1 20.23 20.23 .000 20.23 .01 0 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 16 MEDICAL TRANSPORTATION 407.08 25.44 .007 135.69 .18 AMBULANCES/AIR TRANS 3 16 407.08 25.44 .007 135.69 .18 0 0 .00 .00 .00 .00 OTHER TRANS .000 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	74.99	12.50	.003	37.50	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	1,006.43	201.29	.002	503.22	.45
PROSTHETICS	2	5	1,006.43	201.29	.002	503.22	.45
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	132.10	66.05	.001	132.10	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	355	3,270.63	9.21	.159	136.28	1.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	14	76	\$ 22,172.24	\$ 291.74	.034	\$ 1583.73	\$ 9.93
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,357 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

MAKIN COUNTI	SUMMAKI OF SEK	AICED LOK 10 1000 1	ROGRAM	A	ID CODES /A /C			
						MON		
1,203 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	258	964	\$	46,090.46	\$ 47.81	.801 \$	178.65	\$ 38.31
@PHYSICIANS SERVICES	82	194	\$	6,147.86	\$ 31.69	.161 \$	74.97	\$ 5.11
OUTPATIENT VISITS	52	58		1,966.14	33.90	.048	37.81	1.63
OFFICE VISITS	30	34		1,113.11	32.74	.028	37.10	.93
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	20	21		778.42	37.07	.017	38.92	.65
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3		74.61	24.87	.002	24.87	.06
INPATIENT VISITS	1	2		133.83	66.92	.002	133.83	.11
HOSPITAL VISITS	1	2		133.83	66.92	.002	133.83	.11
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6		1,187.54	197.92	.005	395.85	.99
PRINCIPAL SURGEON	2	2		1,088.56	544.28	.002	544.28	.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		98.98	24.75	.003	98.98	.08
OUTPATIENT SURGERY	9	29		1,249.63	43.09	.024	138.85	1.04
PRINCIPAL SURGEON	8	10		831.57	83.16	.008	103.95	.69
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	19		418.06	22.00	.016	139.35	.35
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	15		119.78	7.99	.012	19.96	.10
RADIOLOGY	21	35		807.76	23.08	.029	38.46	.67
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	49	683.18	13.94	.041	48.80	.57
@PHARMACY	76	163 \$	11,973.28	\$ 73.46	.135	\$ 157.54	\$ 9.95
PRESCRIPTION DRUGS	76	158	11,743.18	74.32	.131	154.52	9.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	76	158	11,743.18	74.32	.131	154.52	9.76
MEDICAL SUPPLIES	3	5	230.10	46.02	.004	76.70	.19
@DENTIST	51	160 \$	4,569.00	\$ 28.56	.133	\$ 89.59	\$ 3.80
VISITS - DIAGNOSTIC	43	116	2,319.00	19.99	.096	53.93	1.93
ORAL SURGERY	7	13	702.00	54.00	.011	100.29	.58
DRUGS	1	1	25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	202.00	67.33	.002	101.00	.17
RESTORATIVE DENTISTRY	14	25	1,151.00	46.04	.021	82.21	.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	120.00	120.00	.001	120.00	.10
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.001	50.00	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,358
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

MARIN COUNTY

----- MONTHLY AVERAGE -----1,203 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 275.50 @OPTOMETRIST 10 27.55 .008 \$ 68.88 \$ .23 189.80 47.45 .003 47.45 .16 DIAGNOSTIC AND ANC. PROCED 4 85.70 14.28 42.85 EYE APPLIANCES .005 .07 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 @CHIROPRACTOR .00 .000 \$ .00 \$ .00 .00 .00 VISITS .00 .000 .00 0 .00 OTHER SERVICES .00 .00 .000 .00 51.05 25.53 .002 \$ 25.53 \$ .04 @PODIATRIST 51.05 25.53 25.53 MEDICINE/INJECTIONS .002 .04 .00 SURGERY/ANES. .00 .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 104.99 \$ 52.50 .002 \$ 104.99 .09 NURSE ANESTHESIST .00 .00 .000 \$ .00 .00 NURSE MIDWIFE .00 .00 .000 \$ .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 0 .00 .00 .000 \$ .00 FAMILY NURSE PRACTITIONER 147 11,987.98 @TOTAL HOSPITAL 81.55 .122 \$ 342.51 9.97 3 8,281.02 1183.00 2760.34 HOSP INPATIENT TOTAL .006 6.88 1183.00 .006 2760.34 HSC HOSPITALS 8,281.02 6.88 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

MEDICAL         14         14         546.23         39.02         .012         39.02         .45           SURGERY         6         7         181.29         25.90         .006         30.22         .15           PATHOLOGY         10         37         551.84         14.91         .031         55.18         .46           RADIOLOGY         11         13         559.07         43.01         .011         50.82         .46           ROOM USE         17         21         881.91         42.00         .017         51.88         .73           CROSSOVERS/ALL OTH OUTPTNT         18         48         986.62         20.55         .040         54.81         .82           GCOUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         \$         .00           HSC HOSPITALS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00
PATHOLOGY 10 37 551.84 14.91 .031 55.18 .46 RADIOLOGY 11 11 13 559.07 43.01 .011 50.82 .46 ROOM USE 17 21 881.91 42.00 .017 51.88 .73 CROSSOVERS/ALL OTH OUTPTNT 18 48 986.62 20.55 .040 54.81 .82 @COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00
RADIOLOGY 11 13 559.07 43.01 .011 50.82 .46 ROOM USE 17 21 881.91 42.00 .017 51.88 .73 CROSSOVERS/ALL OTH OUTPTNT 18 48 986.62 20.55 .040 54.81 .82 @COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00
ROOM USE         17         21         881.91         42.00         .017         51.88         .73           CROSSOVERS/ALL OTH OUTPINT         18         48         986.62         20.55         .040         54.81         .82           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         .00         .00         \$         .00         \$           CO HOSPITAL INPATIENT TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00
CROSSOVERS/ALL OTH OUTPTNT         18         48         986.62         20.55         .040         54.81         .82           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         .00         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00
@COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00
CO HOSPITAL INPATIENT TOTAL       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00
HSC HOSPITALS       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00
NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00           ACCOMMODATIONS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 .00 .00 .00 .00 .00 .00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,359
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R
MONTHLY AVERAGE
1,203 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 35 147 \$ 11,987.98 \$ 81.55 .122 \$ 342.51 \$ 9.97

COMM HOSP INPATIENT TOTAL	3	7			8,281.02		1183.00	.006		2760.34		6.88
HSC HOSPITALS	3	7			8,281.02		1183.00	.006		2760.34		6.88
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	33	140			3,706.96		26.48	.116		112.33		3.08
MEDICAL	14	14			546.23		39.02	.012		39.02		.45
SURGERY	6	7			181.29		25.90	.006		30.22		.15
PATHOLOGY	10	37			551.84		14.91	.031		55.18		.46
RADIOLOGY	11	13			559.07		43.01	.011		50.82		
	17	21										.46
ROOM USE					881.91		42.00	.017		51.88		.73
CROSSOVERS/ALL OTH OUTPTNT	18	48	<u> </u>		986.62	<u> </u>	20.55	.040	<u> </u>	54.81	<u> </u>	.82
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$		\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	Τ		.00	Ψ	.00	.000	т	.00	Τ.	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Y		.00	Y	.00	.000	Y	.00	Y	.00
	0	0			.00		.00			.00		
INDEPENDENT FACILITY			Ċ			Ċ		.000	<u>~</u>		ċ	.00
@LABORATORY FACILITY	16 16	47	\$		622.89	\$	13.25	.039	\$	38.93	\$	.52
PATHOLOGY		47			622.89		13.25	.039		38.93		.52
XO AND OTHERS	0	0			.00		.00	.000	_	.00		.00
@ORGANIZED OUTPATIENT CLINIC	48	106	\$		7,071.87	\$	66.72		\$	147.33	Ş	5.88
CLINIC	11	57			1,117.46		19.60	.047		101.59		.93
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	49			5 <b>,</b> 954.41		121.52	.041		156.70		4.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 6,360
MOP024	FEE-FOR-SERVICE											01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 70 10	0% PR	.OGRAM	A	ID CC	DDES 7A 7C	8R				
								M	ONT	HLY AVERA	.GE	
1,203 ELIGIBLES	USERS	UNITS OF SERVI	CE	E	XPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAL	RE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	20	133	\$		3,286.04	\$	24.71	.111	\$	164.30	\$	2.73
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ō			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	24			2,243.78		93.49	.020		1121.89		1.87
	_	2 1			_,_10.70		50.15	.020				_ • • • /

AMBULANCES/AIR TRANS	2	23	443.78	19.2	9 .019	221.89	.37
OTHER TRANS	0	0	.00	.0	0.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.0	0 .001	1800.00	1.50
ACUPUNCTURE	0	0	.00	.0	0 .000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.0	0 .000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0	0 .000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	0 .000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
OPTICIAN	5	13	127.29	9.7	9 .011	25.46	.11
PHYSICAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	0 .000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.0	0 .000	.00	.00
PROSTHETICS	0	0	.00	.0	0 .000	.00	.00
ORTHOTICS	0	0	.00	.0	0 .000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	0 .000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	0 .000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	13	96	914.97	9.5	3 .080	70.38	.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0 .000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.0	0 .000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 3,611.32	\$ 902.8	3 .003	\$ 1805.66	\$ 3.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .0	0 .000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,361
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,790 @TOTAL, ALL PROVIDERS 13,866 353,189.76 \$ 25.47 .000 \$ 197.31 \$ .00 270 407 17,911.65 44.01 .000 \$ 66.34 \$ .00 @PHYSICIANS SERVICES OUTPATIENT VISITS 1 15 426.05 28.40 .000 426.05 .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI 15 426.05 28.40 .000 426.05 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS .00 CRITICAL CARE .00 .00 .000 .00 0 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS 0 .00 .00 .00 .00 .000 0 .00 SERVICES AND MATERIALS .00 .00 .000 .00 10 48 1,864.51 38.84 186.45 .00 INPATIENT HOSPITAL SURGERY .000 168.65 3 3 505.95 168.65 .00 PRINCIPAL SURGEON .000 0 .00 .000 .00 .00 ASSISTANT SURGEON .00 7 ANESTHESIOLOGIST 45 1,358.56 30.19 .000 194.08 .00 OUTPATIENT SURGERY 47 74 3,632.80 49.09 .000 77.29 .00 PRINCIPAL SURGEON 3,012.32 56.84 .000 73.47 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	21		620.48		29.55	.000		103.41		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		3.63		3.63	.000		3.63		.00
RADIOLOGY	229	241		11,346.26		47.08	.000		49.55		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	18	28		638.40		22.80	.000		35.47		.00
@PHARMACY	226	353	\$	9,854.11	\$	27.92	.000	\$	43.60	\$	.00
PRESCRIPTION DRUGS	198	289		3,827.05		13.24	.000		19.33		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	198	289		3,827.05		13.24	.000		19.33		.00
MEDICAL SUPPLIES	29	64		6,027.06		94.17	.000		207.83		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PAGE	6,362

MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$ .00 \$ .00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 .000 \$ @HOME HEALTH AGENCY .00 .00 .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .000 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 0 .00 .00 .00 FAMILY NURSE PRACTITIONER .000 .00 80 129 4,853.00 37.62 @TOTAL HOSPITAL .000 60.66 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00

01/17/03

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER INPATIENT	· ·	· ·	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	80	129	4,853.00	37.62	.000	60.66	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	16	25	1,017.35	40.69	.000	63.58	.00
PATHOLOGY	31	39	655.26	16.80	.000	21.14	.00
RADIOLOGY	34	41	2,389.29	58.28	.000	70.27	.00
ROOM USE	22	24	791.10	32.96	.000	35.96	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0				.00	.00
	•		.00	.00	.000		
@COUNTY HOSPITAL TOTAL	1	1 \$	33.42	\$ 33.42	.000 \$	33.42	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0			.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00			
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.42	33.42	.000	33.42	.00
MEDICAL	0	Û	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 6,363
MOP024	FEE-FOR-SERVICE/		.111 01 1111111111 112		002 111110 220		01/17/03
MARIN COUNTY		CES FOR 71 PRESUMP EI	TOTATITAN-DARCMA	NW YID CODEC	7 5		01/1//03
MARIN COUNTI	SUMMARI OF SERVI	CES FOR /I PRESUMP EI	JIGIBILIII-PREGNA	MI AID CODES			7.D
0.0 ========					MONT		COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST	HMTTQ/DAVQ		CUGH DED
			EXPENDITURES			COST PER	
		OR DAYS OF CARE	FYLFUDIIOKES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	79		4,819.58				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	79 0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
COMM HOSP INPATIENT TOTAL	0	OR DAYS OF CARE 128 \$ 0	4,819.58 .00	PER UNIT/DAY \$ 37.65 .00	PER ELIG .000 \$ .000	USER 61.01 .00	ELIGIBLE \$ .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0	OR DAYS OF CARE 128 \$	4,819.58 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00	PER ELIG .000 \$ .000 .000	USER 61.01 .00	ELIGIBLE \$ .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0 0 0	OR DAYS OF CARE 128 \$ 0	4,819.58 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00	PER ELIG .000 \$ .000 .000	USER 61.01 .00 .00	\$ .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	OR DAYS OF CARE 128 \$ 0	4,819.58 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000	USER 61.01 .00 .00 .00	\$ .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0	OR DAYS OF CARE 128 \$ 0	4,819.58 .00 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000	USER 61.01 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0 0 0	OR DAYS OF CARE 128 \$ 0	4,819.58 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000	USER 61.01 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0	OR DAYS OF CARE 128 \$ 0	4,819.58 .00 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000	USER 61.01 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0	4,819.58 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .000	USER 61.01 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	4,819.58 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4,819.58 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4,819.58 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 0 128	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 128 0 0	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 0 128	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 128 0 0	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 0 0 79 0 16 31	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 128 0 25 39	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0 0 0 79 0 16 31 34	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 128 0 25 39 41	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0 0 0 0 79 0 16 31 34 21	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 128 0 25 39 41 23	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0 0 0 79 0 16 31 34	OR DAYS OF CARE  128 \$ 0 0 0 0 0 0 0 0 0 0 0 128 0 25 39 41	4,819.58 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 37.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	USER 61.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

0

.00

.00

.000

.00

.00

ADMINISTRATIVE DAYS

0

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	797	1,960	\$	58 <b>,</b> 059.65	\$	29.62	.000	\$	72.85	\$	.00
PATHOLOGY	797	1,960		58 <b>,</b> 059.65		29.62	.000		72.85		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,180	10,863	\$	246,437.35	\$		.000	\$	208.85	\$	.00
CLINIC	1 <b>,</b> 172	10,848		244,176.44		22.51	.000		208.34		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	15		2,260.91		150.73	.000		188.41		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES 1	MONTH-OF-PAYMENT RE	EPOR'	r for Jan 200	02 THRU	DEC	2002	PAGE	- ,
MOP024	FEE-FOR-SERVICE/DEN									(	1/17/03
MARIN COUNTY	SUMMARY OF SERVICES	FOR 71 PRE	SUMP	ELIGIBILITY-PREGNA	TNA	AID CODES 7					
							M	ONT	HLY AVERA	GE	

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

COST PER

00 ELIGIBLES

	(	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	149	154 \$	16,074.00	\$ 104.38	.000 \$	107.88 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	149	154	16,074.00	104.38	.000	107.88	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,365
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

					MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0		0	۲	.00	۲	.00	.000	۲	.00	۲	.00
	0		0							.00		.00
SNF/ICF	0		0		.00		.00	.000				
OUTPATIENTS	0		-		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0	Ċ	.00	Ċ	.00	.000	Ċ	.00	ć	.00
@DENTIST	U		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	U		0		.00		.00	.000		.00		.00
ORAL SURGERY	U		0		.00		.00	.000		.00		.00
DRUGS	O		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	6,366
MOP024	FEE-FOR-SERVICE	/DENTAL									0	1/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR	72 MEDI	-CAL	TUBERCULOSIS PROG	GRAM	AID CO	DDE				
								M	IONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVER	RAGE COST	UNITS/DAY	S	COST PER	COS	T PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG	;	USER	ELI	GIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0	·	.00	·	.00	.000		.00		.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0	т.	.00	т	.00	.000	7	.00	т	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	-		0	\$	.00	\$	.00	.000		.00	\$	.00
TENTATIVIC NOVSE LVWCITITONER	. 0		U	Y	.00	Y	.00	.000	۲	.00	7	. 00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	•	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 6,367
MOP024	FEE-FOR-SERVICE		ONIH-OF-FAIMENI KI	EFORT FOR JAN 2	.002 IRO DEC	, 2002	01/17/03
MARIN COUNTY		ICES FOR 72 MEDI-CAL	MIDERCIII OCIC DROG	CDAM ATD CC	)DE		01/1//03
MAKIN COONII	SUMMAKI OF SERV	ICES FOR /2 MEDI-CAL	TOBERCOLOSIS FROM	GRAM AID CO	MONT	א משעל א דווי	יקי
OO ELICIDIES	HCEDC	INITES OF SERVICE	EADENDIMIDEC	ATTEDACE COCH			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OCCUMUNITED HOODIEST HORST		OR DAYS OF CARE	0.0		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	·
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
1110101111	O .	· ·	• 0 0	• • • •	• 000	• • • •	• 0 0

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	. 0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00			\$ .00
-	0						·
MENTALLY ILL	O	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000		\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	; O	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	Û	0 \$	.00	\$ .00	.000		\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	0	0					
ICF DDN/DDCN	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	U	0 \$	.00	\$ .00	.000		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	Û	0 \$	.00	\$ .00	.000		\$ .00
CLINIC	0	0 4	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0					
HEROIN DETOX CLINIC	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 6,368
MOP024	FEE-FOR-SERVICE/DENTA						01/17/03
MARIN COUNTY	SUMMARY OF SERVICES E	FOR 72 MEDI-CA	L TUBERCULOSIS PROG	GRAM AID			
						NTHLY AVERA	
00 ELIGIBLES		S OF SERVICE	EXPENDITURES		T UNITS/DAYS	COST PER	COST PER
		DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	Ô	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ö	Ö	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
	· · · · · · · · · · · · · · · · · · ·						
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,369
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

1111(11) 0001(11	001111111111111111111111111111111111111		, 0 11111	01. 0	, o o		,			
							MC	NTHLY AVERA	4GE	
189 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	162		984	\$	57 <b>,</b> 507.73	\$ 58.44	5.206	\$ 354.99	\$	304.27
@PHYSICIANS SERVICES	51		96	\$	10,811.07	\$ 112.62	.508	\$ 211.98	\$	57.20
OUTPATIENT VISITS	11		12		799.77	66.65	.063	72.71		4.23
OFFICE VISITS	3		4		228.41	57.10	.021	76.14		1.21
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	6		6		333.18	55.53	.032	55.53		1.76
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	2		2		238.18	119.09	.011	119.09		1.26
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	Ō		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	7	7		4,920.70		702.96	.037		702.96		26.04
PRINCIPAL SURGEON	7	7		4,898.52		699.79	.037		699.79		25.92
ASSISTANT SURGEON	0	0		22.18		.00	.000		.00		.12
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	26	36		3,681.40		102.26	.190		141.59		19.48
PRINCIPAL SURGEON	25	33		3,602.05		109.15	.175		144.08		19.06
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	3		79.35		26.45	.016		39.68		.42
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	8		83.34		10.42	.042		41.67		.44
RADIOLOGY	15	16		766.00		47.88	.085		51.07		4.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	5		36.79		7.36	.026		36.79		.19
OTHER SERVICES/ALL X-OVERS	5	12		523.07		43.59	.063		104.61		2.77
@PHARMACY	15	31 \$		1,819.40	\$	58.69	.164	¢	121.29	Ċ	9.63
PRESCRIPTION DRUGS	14	23		1,023.68	Y	44.51	.122	Y	73.12	Ÿ	5.42
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	14	23		1,023.68		44.51	.122		73.12		5.42
MEDICAL SUPPLIES	7.4	8		795.72		99.47	.042		265.24		4.21
@DENTIST	0	0 \$		.00	Ś	.00	.000	¢	.00	Ċ	.00
VISITS - DIAGNOSTIC	0	0 7		.00	Y	.00	.000	Y	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	U	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	U	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND		MONTH-O	F-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 6,370
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MO	ГИC	THLY AVERA	GE	
189 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

,	_	_									
RADIO./PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	9	\$	450.09	\$	50.01	.048		90.02		2.38
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$		\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$		\$	.00
@TOTAL HOSPITAL	18	76	\$	21,308.56	\$		.402	\$		\$	112.74
HOSP INPATIENT TOTAL	6	14		19,446.10		1389.01	.074		3241.02		102.89
HSC HOSPITALS	6	14		19,446.10		1389.01	.074		3241.02		102.89
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15	62		1,862.46		30.04	.328		124.16		9.85
MEDICAL	3	4		185.25		46.31	.021		61.75		.98
SURGERY	6	9		288.07		32.01	.048		48.01		1.52
PATHOLOGY	7	21		311.88		14.85	.111		44.55		1.65
RADIOLOGY	2	9		447.16		49.68	.048		223.58		2.37
ROOM USE	3	6		476.85		79.48	.032		158.95		2.52
CROSSOVERS/ALL OTH OUTPTNT	8	13		153.25		11.79	.069		19.16		.81
@COUNTY HOSPITAL TOTAL	3	16	Ś	567.35	Ś	35.46	.085	Ś	189.12	Ś	3.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00		.00	.000		.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ō		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	16		567.35		35.46	.085		189.12		3.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	2.	2		63.17		31.59	.011		31.59		.33
PATHOLOGY	<u>-</u> 1	6		177.43		29.57	.032		177.43		.94
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		274.50		91.50	.016		274.50		1.45
CROSSOVERS/ALL OTH OUTPINT	3	5		52.25		10.45	.026		17.42		.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES N		EPOR			DEC		P?	AGE 6,371
MOP024	FEE-FOR-SERVICE/DENTAL				010	01: 0111 .					01/17/03
	IOI. OLIVIOD, DENIME										01,11,00

----- MONTHLY AVERAGE -----189 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 15 60 \$ \$ 345.69 .317 \$ 1382.75 \$ 109.74 20,741.21 COMM HOSP INPATIENT TOTAL 6 14 19,446.10 1389.01 .074 3241.02 102.89 1389.01 3241.02 102.89 HSC HOSPITALS 14 19,446.10 .074 6 0 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00 .000 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

MARIN COUNTY

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12	46		1,295.11		28.15	.243		107.93		6.85
MEDICAL	3	4		185.25		46.31	.021		61.75		.98
SURGERY	4	7		224.90		32.13	.037		56.23		1.19
PATHOLOGY	6	15		134.45		8.96	.079		22.41		.71
RADIOLOGY	2	9		447.16		49.68	.048		223.58		2.37
ROOM USE	2	3		202.35		67.45	.016		101.18		1.07
CROSSOVERS/ALL OTH OUTPTNT	5	8		101.00		12.63	.042		20.20		.53
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	•	.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	'	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5.7	102	Ś	3,190.62	\$	31.28	.540	Ś	55.98	Ś	16.88
PATHOLOGY	57	102	т.	3,190.62	4	31.28	.540	-	55.98	-	16.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	94	666	Ś	19,557.99	\$	29.37	3.524	Ś	208.06	Ś	103.48
CLINIC	84	598	Ψ	15,923.21	7	26.63	3.164	Τ.	189.56	Τ.	84.25
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	3	42		497.50		11.85	.222		165.83		2.63
RURAL HEALTH CLINIC	13	26		3,137.28		120.66	.138		241.33		16.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES M		ZPORT			DFC		D	AGE 6,372
MOP024	FEE-FOR-SERVICE/DE		ניו טים.	IONIII OF LATRIBUL KE	O1/1	L LOIN DAIN	2002 11110		2002	Ε.	01/17/03
1101024	LEE LOK-SEKAICE/DE	TN T WTI					_				01/11/03

MARIN COUNTY

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

------ MONTHLY AVERAGE -----
189 FLIGIBLES

USERS
UNITS OF SERVICE

EXPENDITURES
AVERAGE COST UNITS/DAYS COST PER
COST PER

189 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	4 \$	370.00	\$ 92.50	.021 \$	92.50	\$ 1.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	370.00	92.50	. 021	92.50	1.96

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		00	.00
OPTICIAN	0	0	.00	.00	.000		00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000		00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		00	.00
PROSTHETICS	0	0	.00	.00	.000		00	.00
ORTHOTICS	0	0	.00	.00	.000		00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$.	00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$.	00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,373 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

MARIN COUNTI	SUMMARI OF SER	VICES FOR 74 FOR	COLOKI	r OSE		MON	תוודע אוודה	CE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 FILGIBLES	CALCO	OR DAYS OF CARE		EVEFUDIIONES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CARE	Ċ	.00	\$ .00	.000 \$		\$ .00
@PHYSICIANS SERVICES	0	0	ب د	.00	\$ .00	.000 \$		\$ .00
OUTPATIENT VISITS	0	0	۲	.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
T O T O11 T1 1 T1 / T	0	O		.00	. 00	.000	.00	. 00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MONTH-O	F-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	EC 2002	PAGE	6 <b>,</b> 374
MOP024	FEE-FOR-SERVICE,	/DENTAL						01	1/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTURE USE						
							NTHLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERAGE COS'	T UNITS/DAYS	COST PER	COST	PER

PER UNIT/DAY PER ELIG

.000

.000

.000

.00

.00

.00

.00

.00 \$

.00

.00

.00

USER

.00

.00

.00

.000 \$ .00 \$

ELIGIBLE

.00

.00

.00

.00

OR DAYS OF CARE

0 \$

0

0

0

0

0

0

0

@OPTOMETRIST

EYE APPLIANCES

DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

ACUTDODD ACTION	0	0	ċ	0.0	ċ	0.0	.000	ė nn	\$ .00
@CHIROPRACTOR	0		\$	.00	\$	.00		\$ .00	
VISITS	•	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000		\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	Ċ	.00	\$	.00	.000	\$ .00	\$ .00
	0	0	۲ خ	.00	\$	.00	.000	\$ .00	
NURSE MIDWIFE	· ·	ŭ	۶						
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
	0	0		.00			.000	.00	
ALL OTHER ACCOM	0					.00			.00
ANCILLARIES	•	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	· 0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	. 0	0	\$	.00	\$	.00	.000		\$ .00
-	· ·	0	۲		Ą				
CO HOSPITAL INPATIENT TOTAL		•		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
	0	0							
SURGERY	U			.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	. 0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2002	2 THRU I	DEC 2002	PAGE 6,375
MOP024	FEE-FOR-SERVIC	E/DENTAL							01/17/03
MARIN COUNTY	SUMMARY OF SER	VICES FOR 74 FOR	FUTUR	E USE					
				-			Mo	ONTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST UN			COST PER
00 20101000	00110	OR DAYS OF CARE		T111 T11D T T O1(II)		UNIT/DAY PI			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE		.00	\$	.0011/DA1 F1	.000		
GCOLLIONIII HOSEIIYD IOIYD	U	U	۲	.00	Y	• • • •	.000	٠.00	٠.٠٠

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	0	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	ŭ									
CROSSOVERS/ALL OTH OUTPTNT	0	0	ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Т	.00	т.	.00	.000	-1	.00	Т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	ċ	.00	\$			ċ		ċ	
@HEMODIALYSIS TOTAL	0	•	\$		P	.00	.000	\$		\$	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	· ·	RES MO	NTH-OF-PAYMENT RI	EPORT			DEC		PAGE	
MOP024	FEE-FOR-SERVICE	,			DI 01(I	1010 01110 2	2002 111110		2002	_	1/17/03
MARIN COUNTY		ICES FOR 74 FOR	מוזייוום	T IISE						O	1/1//05
MAKIN COONII	SOMMAN OF SERV	ICES FOR 74 FOR	FOION	E OSE			M		UIV AUDDA	~=	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7\ 7.777	DACE COCE	UNITS/DAY				T PER
00 FFIGIPTES	OSEKS			EVERNDIIOVE2							
ANTI OMITED DECLIPEDO	^	OR DAYS OF CAR		^^			PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	Ą	.00	Ą	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

 $<sup>\</sup>ensuremath{\text{@}}^\star$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,377
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MARIN COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

			,				
					MON	ITHLY AVERA	.GE
257 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	80	651 \$	33,289.77	\$ 51.14	2.533	416.12	\$ 129.53
@PHYSICIANS SERVICES	26	55 \$	3,322.05	\$ 60.40	.214	127.77	\$ 12.93
OUTPATIENT VISITS	13	15	568.46	37.90	.058	43.73	2.21
OFFICE VISITS	4	4	88.20	22.05	.016	22.05	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	480.26	43.66	.043	53.36	1.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	176.01	58.67	.012	88.01	.68
HOSPITAL VISITS	2	3	176.01	58.67	.012	88.01	.68
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	1,541.05	110.08	.054	770.53	6.00
PRINCIPAL SURGEON	1	1	1,059.94	1059.94	.004	1059.94	4.12
ASSISTANT SURGEON	1	1	211.84	211.84	.004	211.84	.82
ANESTHESIOLOGIST	1	12	269.27	22.44	.047	269.27	1.05
OUTPATIENT SURGERY	4	4	659.37	164.84	.016	164.84	2.57
PRINCIPAL SURGEON	4	4	659.37	164.84	.016	164.84	2.57

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	46.86	11.72	.016	23.43	.18
RADIOLOGY	10	12	267.52	22.29	.047	26.75	1.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	8.02	8.02	.004	8.02	.03
OTHER SERVICES/ALL X-OVERS	2	2	54.76	27.38	.008	27.38	.21
@PHARMACY	59	398 \$	8,802.02	\$ 22.12	1.549	\$ 149.19	\$ 34.25
PRESCRIPTION DRUGS	56	152	8,484.40	55.82	.591	151.51	33.01
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	56	152	8,484.40	55.82	.591	151.51	33.01
MEDICAL SUPPLIES	6	246	317.62	1.29	.957	52.94	1.24
@DENTIST	5	12 \$	297.00	\$ 24.75	.047	\$ 59.40	\$ 1.16
VISITS - DIAGNOSTIC	3	10	187.00	18.70	.039	62.33	.73
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	110.00	55.00	.008	55.00	.43
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,378

01/17/03

----- MONTHLY AVERAGE -----257 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 5 148.01 29.60 .019 \$ 74.01 \$ .58 DIAGNOSTIC AND ANC. PROCED 94.90 47.45 .008 47.45 .37 EYE APPLIANCES 53.11 17.70 53.11 .21 .012 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 .000 VISITS .00 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 . 00 RADIO./PATHOLOGY .00 .00 .000 .00 0 .00 .00 OTHER .00 .000 .00 20 1,407.74 \$ 70.39 351.94 \$ @HOME HEALTH AGENCY .078 \$ 5.48 NURSE ANESTHESIST .00 .00 .000 \$ .00 \$ .00 NURSE MIDWIFE .00 .00 .000 \$ .00 .00 0 .00 .00 .000 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$ .00 .00 79 13 14,684.14 185.88 .307 \$ 1129.55 \$ @TOTAL HOSPITAL 57.14 813.52 16 13,016.24 .062 4338.75 50.65 HOSP INPATIENT TOTAL 1112.20 HSC HOSPITALS 10 11,122.00 .039 3707.33 43.28 NON-HSC HOSPITAL TOTAL 6 1,894.24 315.71 .023 1894.24 7.37 ACCOMMODATIONS 1,387.80 231.30 .023 1387.80 5.40

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

FEE-FOR-SERVICE/DENTAL

MOP024

MARIN COUNTY

ADMINISTRATIVE DAYS	1	6	1,387.80	231.30	.023	1387.80	5.	40
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		00
ANCILLARIES	1	0	506.44	.00	.000	506.44	1.	97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		00
HOSP OUTPATIENT TOTAL	11	63	1,667.90	26.47	.245	151.63	6.	49
MEDICAL	4	10	344.78	34.48	.039	86.20	1.	34
SURGERY	1	1	45.40	45.40	.004	45.40		18
PATHOLOGY	3	25	264.61	10.58	.097	88.20	1.	03
RADIOLOGY	6	8	395.66	49.46	.031	65.94	1.	54
ROOM USE	6	8	452.47	56.56	.031	75.41	1.	76
CROSSOVERS/ALL OTH OUTPTNT	5	11	164.98	15.00	.043	33.00		64
@COUNTY HOSPITAL TOTAL	0	0 \$	72.33	\$ .00	.000	\$ .00	\$ .	28
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		00
HSC HOSPITALS	0	0	.00	.00	.000	.00		00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		00
ANCILLARIES	0	0	.00	.00	.000	.00		00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		00
CO HOSP OUTPATIENT TOTAL	0	0	72.33	.00	.000	.00		28
MEDICAL	0	0	72.33	.00	.000	.00	•	28
SURGERY	0	0	.00	.00	.000	.00		00
PATHOLOGY	0	0	.00	.00	.000	.00		00
RADIOLOGY	0	0	.00	.00	.000	.00		00
ROOM USE	0	0	.00	.00	.000	.00		00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6	,379

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPUZ4	FEE-FOR-SERVICE/L	ENIAL									01/1//03
MARIN COUNTY	SUMMARY OF SERVIC	ES FOR 75 SSI	APPE	AL/NLDC	AID (	ODES 6N					
							MC	NTH	LY AVERA	GE	
257 ELIGIBLES	USERS U	NITS OF SERVICE	2	EXPENDITURES	AVERAGE	COST UNI	TS/DAYS	C	OST PER		COST PER
		OR DAYS OF CARE	2		PER UNIT	/DAY PE	R ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	79	\$	14,611.81	\$ 184.	96	.307	\$	1123.99	\$	56.86
COMM HOSP INPATIENT TOTAL	3	16		13,016.24	813.	52	.062		4338.75		50.65
HSC HOSPITALS	3	10		11,122.00	1112.	20	.039		3707.33		43.28
NON-HSC HOSPITALS TOTAL	1	6		1,894.24	315.		.023		1894.24		7.37
ACCOMMODATIONS	1	6		1,387.80	231.		.023		1387.80		5.40
ADMINISTRATIVE DAYS	1	6		1,387.80	231.		.023		1387.80		5.40
TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		00	.000		.00		.00
ANCILLARIES	1	0		506.44		00	.000		506.44		1.97
INPATIENT CROSSOVERS	0	0		.00		00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	63		1,595.57	25.		.245		145.05		6.21
MEDICAL	4	10		272.45	27.		.039		68.11		1.06
SURGERY	1	1		45.40	45.		.004		45.40		.18
PATHOLOGY	3 T	25		264.61	10.		.004		88.20		1.03
	3	8									1.54
RADIOLOGY	6	8		395.66	49.		.031		65.94		
ROOM USE	6			452.47	56.		.031		75.41		1.76
CROSSOVERS/ALL OTH OUTPINT	5	11	<u> </u>	164.98	15.		.043	<u>^</u>	33.00	<u> </u>	. 64
@STATE HOSPITAL	0	0	\$	.00	•	00	.000	Ş	.00	\$	.00
MENTALLY ILL	0	0		.00		00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00		00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$	.00	•	00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
LEV B-REGULAR	0	0		.00		00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	•	00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		00	.000		.00		.00
ICF DD	0	0		.00		00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.	00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.	00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		00	.000		.00		.00
@LABORATORY FACILITY	5	22	\$	279.25	\$ 12.	69	.086	\$	55.85	\$	1.09
PATHOLOGY	5	22		279.25	12.	69	.086		55.85		1.09
XO AND OTHERS	0	0		.00		00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	35	\$	3,733.64	\$ 106.	68	.136	\$	169.71	\$	14.53
CLINIC	2	5		134.24	26.	85	.019		67.12		.52
SURGICENTER	1	3		119.42	39.	81	.012		119.42		.46
HEROIN DETOX CLINIC	0	0		.00		00	.000		.00		.00
RURAL HEALTH CLINIC	21	27		3,479.98	128.		.105		165.71		13.54
#CALIF DEPT OF HEALTH SERV			RES M	•						P.	AGE 6,380
MOP024	FEE-FOR-SERVICE/D										01/17/03
MARIN COUNTY	SUMMARY OF SERVIC		APPE	AL/NLDC	AID (	ODES 6N					, , ,
	3= 2=====			•			MC	NTH	LY AVERA	GE ·	
257 RITCIDIRO	HCEDC I	NITEC OF CEDITOR	7	EADENDIMIDEC	ATTEDACE	COCH IINIT			-Can DED		COCH DED

257 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	25	\$ 615.92	\$ 24.64	.097	\$ 87.99	\$ 2.40
DURABLE MED. EQUIP.	2	3	187.14	62.38	.012	93.57	.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	290.75	24.23	.047	145.38	1.13
AMBULANCES/AIR TRANS	2	12	290.75	24.23	.047	145.38	1.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	138.03	13.80	.039	34.51	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	32	\$ 103.20	\$ 3.23	.125	\$ 103.20	\$ .40

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,381 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MARIN COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MO	NTHLY AVERA	GE ·	
150,467 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CAR	3		PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@TOTAL, ALL PROVIDERS	82 <b>,</b> 790	1,705,811	\$	63,695,534.38	\$ 37.34	11.337	\$ 769.36	\$	423.32
@PHYSICIANS SERVICES	21,661	58 <b>,</b> 970	\$	2,646,401.58	\$ 44.88	.392	\$ 122.17	\$	17.59
OUTPATIENT VISITS	10,903	14,543		568 <b>,</b> 870.72	39.12	.097	52.18		3.78
OFFICE VISITS	6,254	8,260		268,284.33	32.48	.055	42.90		1.78
HOME VISITS	103	119		4,558.74	38.31	.001	44.26		.03
EMERGENCY ROOM	4,767	5 <b>,</b> 542		270,628.79	48.83	.037	56.77		1.80
PREVENTIVE CARE	16	16		729.35	45.58	.000	45.58		.00
OB VISITS/COMPRE PERI	98	231		13,068.74	56.57	.002	133.35		.09
OTHER OUTPATIENT	334	375		11,600.77	30.94	.002	34.73		.08
INPATIENT VISITS	1,446	6,006		342,575.01	57.04	.040	236.91		2.28
HOSPITAL VISITS	1,148	4,878		226,026.74	46.34	.032	196.89		1.50
CRITICAL CARE	121	675		100,652.17	149.11	.004	831.84		.67
SNF/ICF/TRANS IP CARE	307	453		15,896.10	35.09	.003	51.78		.11
OPHTHALMOLOGICAL SERVICES	451	534		23,275.98	43.59	.004	51.61		.15
EXAMINATIONS	451	534		23,275.98	43.59	.004	51.61		.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	1,348	5,770	638,470	. 3.5	110.65	.038	473.64		4.24
PRINCIPAL SURGEON	989	1,196	517,287		432.51		523.04		
ASSISTANT SURGEON	63	64	11,730		183.29	.000	186.20		.08
ANESTHESIOLOGIST	419	4,510	109,452		24.27	.030	261.22		.73
OUTPATIENT SURGERY	1,771	4,379	246.279	20	24.27 56.24	.029	139.06		1.64
PRINCIPAL SURGEON	1,516	2,102	199,897	.28	95.10	.014	131.86		1.33
ASSISTANT SURGEON	4	4	531	.39	132.85	.000	132.85		.00
ANESTHESIOLOGIST	318	2,273	45,850		20.17		144.18		.30
DIALYSIS		212	16,163		76.24		384.85		
PATHOLOGY	42 1,127	2,510			10.18	.017	22.68		.17
RADIOLOGY	5,082	7,718			37.84	.051	57.47		1.94
PSYCHIATRY	14	. 27	756		37.84 28.02 90.91	.000			.01
IMMUNIZATION AND INJECTION	256	695	63,184	.71	90.91	.000 .005	246.82		.42
OTHER SERVICES/ALL X-OVERS	6,665	16,576	429,218		25.89	.110			2.85
@PHARMACY	50,879	340,584	\$ 20,150,741	.03	\$ 59.17	2.264 \$	396.05	\$	
PRESCRIPTION DRUGS	50,085	182,321	16,818,059	.70	92.24	1.212	335.79		111.77
SNF/ICF	4,592	26,735	2,051,913	.46	76.75	.178	446.85		13.64
OUTPATIENTS	45,781	155,586	14,766,146		94.91	1.034	322.54		98.14
MEDICAL SUPPLIES	3,497	158,263		.33	21.06	1.052	953.01		22.15
@DENTIST	8 <b>,</b> 506	29,437	\$ 1,147,428	.72	\$ 38.98 17.27 51.39	.196 \$	134.90	\$	7.63
VISITS - DIAGNOSTIC	6,129 895 127	19 <b>,</b> 227	332,131	.79	17.27	.128	54.19		2.21
ORAL SURGERY	895	1,717	88,231	. 68	51.39	.011	98.58		.59
DRUGS	127	144	2,829	.50	19.65	.001	22.28		
ANESTHESIA	31	31	2,900	.00	93.55	.000	93.55		.02
PERIODONTICS		413			165.21		222.26		.45
ENDODONTICS	442	608	98 <b>,</b> 316	.25	161.70	.004	222.43		.65
RESTORATIVE DENTISTRY	2,606	5 <b>,</b> 950	422,348	.00	70.98	.040	162.07		2.81
PROSTHETICS	81	99	4,920		49.70	.001	60.74		.03
DENTURES, STAYPLATES	81 395	1,011	114,718		113.47	007	290.43		.76
SPACE MAINTAINERS	18 17	19	1,880	.00	98.95	.000	104.44		.01
	17	20	1,444		72.21	.000	84.95		
FRACTURES, DISLOCATIONS	3	3	105		35.00				.00
ORTHODONTIC SERVICES	95	115	9,067	.27	78.85	.001	95.44		.06
ALL OTHER SERVICES	51	80	304		3.81	.001	5.97		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MONTH-OF-PAYME	NT REPO	ORT FOR JAN 2	:002 THRU DE	C 2002	PΑ	AGE 6,382
MOP024	FEE-FOR-SERVICE								01/17/03
MARIN COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTAL	CERTIFIED						
						MON			
150,467 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	-	AVERAGE COST				COST PER
		OR DAYS OF CARE		Ţ	PER HINTT/DAY	PER ELIG	IISER	Ţ	T.TGTBLE

150,467 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	AVE PEF		UNITS/DAY PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	816	1,952	\$ 52,786.69	\$	27.04	.013	\$ 64.69	\$ .35
DIAGNOSTIC AND ANC. PROCED	599	608	28,253.84		46.47	.004	47.17	.19
EYE APPLIANCES	422	1,290	22,376.28		17.35	.009	53.02	.15
OTHER OPTOMETRIC SERVICES	43	54	2,156.57		39.94	.000	50.15	.01
@CHIROPRACTOR	25	48	\$ 746.46	\$	15.55	.000	\$ 29.86	\$ .00
VISITS	23	44	735.68		16.72	.000	31.99	.00
OTHER SERVICES	2	4	10.78		2.70	.000	5.39	.00
@PODIATRIST	932	1,365	\$ 20,857.84	\$	15.28	.009	\$ 22.38	\$ .14
MEDICINE/INJECTIONS	294	341	9,002.97		26.40	.002	30.62	.06
SURGERY/ANES.	35	41	1,234.99		30.12	.000	35.29	.01
RADIO./PATHOLOGY	10	17	297.54		17.50	.000	29.75	.00
OTHER	651	966	10,322.34		10.69	.006	15.86	.07
@HOME HEALTH AGENCY	707	9,904	\$ 327,517.12	\$	33.07	.066	\$ 463.25	\$ 2.18
NURSE ANESTHESIST	1	15	\$ 248.54	\$	16.57	.000	\$ 248.54	\$ .00
NURSE MIDWIFE	20	267	\$ 4,767.31	\$	17.86	.002	\$ 238.37	\$ .03
PEDIATRIC NURSE PRACTITIONER	0	0	\$ 6.38	\$	.00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	17	49	\$	476.47	\$	9.72	.000	\$	28.03	\$	.00
@TOTAL HOSPITAL	13,646	63,935	\$	11,939,202.85	\$	186.74	.425	\$	874.92	\$	79.35
HOSP INPATIENT TOTAL	1,866	10,223		10,225,272.96		1000.22	.068		5479.78		67.96
HSC HOSPITALS	1,426	6,445		8,868,694.14		1376.06	.043		6219.28		58.94
NON-HSC HOSPITAL TOTAL	136	604		951,359.60		1575.10	.004		6995.29		6.32
ACCOMMODATIONS	135	604		362,547.92		600.24	.004		2685.54		2.41
ACCOMMODATIONS ADMINISTRATIVE DAYS	44	247		53,086.29		214.92	.002		1206.51		.35
				•							
TRANSITIONAL IP CARE	0	0		200.96		.00	.000		.00		.00
ALL OTHER ACCOM	93	357		309,260.67		866.28	.002		3325.38		2.06
ANCILLARIES	135	0		588,811.68		.00	.000		4361.57		3.91
INPATIENT CROSSOVERS	342	3,174		405,219.22		127.67	.021		1184.85		2.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,396	53 <b>,</b> 712		1,713,929.89		31.91	.357		138.26		11.39
MEDICAL	4,154	6,240		236,543.45		37.91	.041		56.94		1.57
SURGERY	928	1,305		68,944.03		52.83	.009		74.29		.46
PATHOLOGY	3,322	14,777		166,661.08		11.28	.098		50.17		1.11
RADIOLOGY	3,107	4,287		343,789.28		80.19	.028		110.65		2.28
ROOM USE	4,766	6,583		290,622.97		44.15	.044		60.98		1.93
CROSSOVERS/ALL OTH OUTPTNT		20,520		607,369.08		29.60	.136		98.11		4.04
@COUNTY HOSPITAL TOTAL	193	1,014	\$	95,339.36	Ċ	94.02		Ċ	493.99	Ċ	.63
-		139	۲		Ą	503.96	.007	۲		ې	
CO HOSPITAL INPATIENT TOTAL	20 17	57		70,049.97					3502.50		.47
HSC HOSPITALS				61,821.05		1084.58	.000		3636.53		.41
NON-HSC HOSPITALS TOTAL	1	15		5,812.92		387.53	.000		5812.92		.04
ACCOMMODATIONS	1	15		3,621.48		241.43	.000		3621.48		.02
ADMINISTRATIVE DAYS	1	15		3,571.54		238.10	.000		3571.54		.02
TRANSITIONAL IP CARE	0	0		49.94		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,191.44		.00	.000		2191.44		.01
INPATIENT CROSSOVERS	3	67		2,416.00		36.06	.000		805.33		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	177	875		25,289.39		28.90	.006		142.88		.17
MEDICAL	58	72		2,322.67		32.26	.000		40.05		.02
SURGERY	37	49		1,398.83		28.55	.000		37.81		.01
PATHOLOGY	81	365		6,460.11		17.70	.002		79.75		.04
RADIOLOGY	32	52		4,081.48		78.49	.000		127.55		.03
ROOM USE	113	169		8,437.38		49.93	.001		74.67		.06
CROSSOVERS/ALL OTH OUTPTNT		168		2,588.92		15.41	.001		34.99		.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	TO MA					75.0		Ъ	AGE 6,383
MOP024	FEE-FOR-SERVIC		79 M	JNIH-OF-FAIMENI KI	LFUN	I FOR JAN A	2002 1000 1		2002	r.	01/17/03
MARIN COUNTY		VICES FOR 80 TOTAI	· CEI	DETELED							01/11/03
MAKIN COUNTI	SUMMARI OF SER	VICES FOR 80 IOIAI		KIIFIED			MC	חואר	ת מיינות איינו	C E	
150,467 ELIGIBLES	USERS	INITES OF SERVICE		EXPENDITURES	7\ \ 7	ERAGE COST					COST PER
130,407 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				>			
OCOMMUNITARY HOODITERS MORRIS	10 470	OR DAYS OF CARE	Ċ	11 042 062 40		R UNIT/DAY		Ċ	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,479	62,921	\$	11,843,863.49	Ş	188.23		Þ	878.69	Þ	78.71
COMM HOSP INPATIENT TOTAL	1,847	10,084		10,155,222.99		1007.06	.067		5498.23		67.49
HSC HOSPITALS	1,410	6,388				1378.66			6246.01		58.53
NON-HSC HOSPITALS TOTAL	135	589		945,546.68		1605.34	.004		7004.05		6.28
ACCOMMODATIONS	134	589		358,926.44		609.38	.004		2678.56		2.39
ADMINISTRATIVE DAYS	43	232		49,514.75		213.43	.002		1151.51		.33
TRANSITIONAL IP CARE	0	0		151.02		.00	.000		.00		.00
ALL OTHER ACCOM	93	357		309,260.67		866.28	.002		3325.38		2.06
ANCILLARIES	134	0		586,620.24		.00	.000		4377.76		3.90
INPATIENT CROSSOVERS	339	3,107		402,803.22		129.64	.021		1188.21		2.68
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12,245	52 <b>,</b> 837		1,688,640.50		31.96	.351		137.90		11.22
MEDICAL	4,102	6 <b>,</b> 168		234,220.78		37.97	.041		57.10		1.56
.11171 (1.11	1,102	0,100		201,220.70		5,.5,	• 0 11		0 / • ± 0		1.00

SURGERY	892	1,256	67,545.20	53.78	.008	75.72	.45
PATHOLOGY	3 <b>,</b> 245	14,412	160,200.97	11.12	.096	49.37	1.06
RADIOLOGY	3,080	4,235	339,707.80	80.21	.028	110.29	2.26
ROOM USE	4,666	6,414	282,185.59	44.00	.043	60.48	1.88
CROSSOVERS/ALL OTH OUTPTNT	6,123	20,352	604,780.16	29.72	.135	98.77	4.02
@STATE HOSPITAL	3	42	\$ 22,860.26	\$ 544.29	.000	\$ 7620.09	\$ .15
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	3	42	22,860.26	544.29	.000	7620.09	.15
@NURSING FACILITY	4,770	158 <b>,</b> 891	\$ 17,266,807.35	\$ 108.67	1.056	\$ 3619.88	\$ 114.75
LEV A-INTERMEDIATE	18	713	40,005.25	56.11	.005	2222.51	.27
LEV B-REHAB MD	207	8 <b>,</b> 209	916,497.79	111.65	.055	4427.53	6.09
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	28	910	446,615.95	490.79	.006	15950.57	2.97
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4,524	149,059	15,863,688.36	106.43	.991	3506.56	105.43
@INTERMEDIATE CARE FACILDD	672	21,883	\$ 2,993,105.29	\$ 136.78	.145	\$ 4454.03	\$ 19.89
ICF DDH	672	21,883	2,993,105.29	136.78	.145	4454.03	19.89
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	233	3 <b>,</b> 435	\$ 224,242.21	\$ 65.28	.023	\$ 962.41	\$ 1.49
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	233	3 <b>,</b> 435	224,242.21	65.28	.023	962.41	1.49
@REHABILITATION FACILITY	144	1,358	\$ 21,243.95	\$ 15.64	.009	\$ 147.53	\$ .14
HOSPITAL BASED	16	45	1,455.92	32.35	.000	91.00	.01
INDEPENDENT FACILITY	128	1,313	19,788.03	15.07	.009	154.59	.13
@LABORATORY FACILITY	9,116	38,043	\$ 508 <b>,</b> 937.60	\$ 13.38	.253	\$ 55.83	\$ 3.38
PATHOLOGY	9,022	37 <b>,</b> 896	501,268.31	13.23	.252	55.56	3.33
XO AND OTHERS	128	147	7,669.29	52.17	.001	59.92	.05
@ORGANIZED OUTPATIENT CLINIC	18,935	70 <b>,</b> 921	\$ 3,258,350.31	\$ 45.94	.471	\$ 172.08	\$ 21.65
CLINIC	6 <b>,</b> 909	49,711	943,791.37	18.99	.330	136.60	6.27
SURGICENTER	33	58	6 <b>,</b> 334.93	109.22	.000	191.97	.04
HEROIN DETOX CLINIC	35	536	6,296.56	11.75	.004	179.90	.04

RURAL HEALTH CLINIC 12,748 20,616 2,301,927.45 111.66 .137 180.57 15.30 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,384 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MARIN COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED ----- MONTHLY AVERAGE ------

						MC	DNTHLY AVERA	GE
150,467 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10,748	904,712	\$	3,108,806.42	\$ 3.44	6.013	\$ 289.25	\$ 20.66
DURABLE MED. EQUIP.	625	2,882		321,174.41	111.44	.019	513.88	2.13
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	212	377		46,242.62	122.66	.003	218.13	.31
MEDICAL TRANSPORTATION	1,627	28,221		269,071.42	9.53	.188	165.38	1.79
AMBULANCES/AIR TRANS	880	11,048		163,964.47	14.84	.073	186.32	1.09
OTHER TRANS	156	9,663		27 <b>,</b> 235.57	2.82	.064	174.59	.18
OTHER SERVICES	643	7,510		77,871.38	10.37	.050	121.11	.52
ACUPUNCTURE	240	731		13,093.21	17.91	.005	54.56	.09
ADULT DAY HEALTH CARE CTR	775	9,009		598,674.73	66.45	.060	772.48	3.98
GENETIC DISEASE TESTING	568	576		53 <b>,</b> 847.00	93.48	.004	94.80	.36
IHMC, MODEL-NF, NF, AIDS, MSSP	1,214	13,151		658 <b>,</b> 626.87	50.08	.087	542.53	4.38
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,535	4,390		55,141.20	12.56	.029	35.92	.37
PHYSICAL THERAPIST	12	58		1,028.41	17.73	.000	85.70	.01
PORTABLE X-RAY	42	78		1,084.59	13.91	.001	25.82	.01
PROSTHETIST/ORTHOTISTS	207	544		65 <b>,</b> 916.92	121.17	.004	318.44	.44
PROSTHETICS	181	500		62,841.99	125.68	.003	347.19	.42
ORTHOTICS	27	44		3,074.93	69.88	.000	113.89	.02
PSYCHOLOGIST	53	98		2,529.08	25.81	.001	47.72	.02
SPEECH AND AUDIOLOGY	1,050	4,149		169,616.61	40.88	.028	161.54	1.13
HOSPICE SERVICES	133	3 <b>,</b> 627		424,069.69	116.92	.024	3188.49	2.82
NONINST BIRTHING CENTERS	1	1		1,007.23	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	1,487	23,260		188,412.73	8.10	.155	126.71	1.25
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,078	813,560		239,269.70	.29	5.407	115.14	1.59
@CALIF. CHILDREN SERVICES*	839	10,883	\$		\$ 328.94	.072	\$ 4266.82	\$ 23.79
@XOVER EXCLUDING STATE HOSP**	8,830	108,872	\$		\$ 13.96	.724	\$ 172.10	\$ 10.10

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.